

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, } PHILADELPHIA, FEBRUARY 2, 1861. { NEW SERIES,
No. 224. } VOL. V. NO. 18.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Encephaloid Cancer of the Testicle, with a Case; Delivered at the Pennsylvania Hospital, January 9th, 1861.

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[Condensed from Phonographic Reports.]

This was a singular case of disease of the testicle, in which the positive diagnosis could not be determined until during the operation. Before operating, Dr. Pancoast said that his colleague (Dr. Norris) and himself had carefully examined the case, but none of their examinations resulted in a positive idea of the nature of the disease.

The man is a sailor, 34 years of age. He has never contracted any venereal disease; has had no scrofulous affection anywhere; is in the enjoyment of perfect health, having had but little sickness in the course of his life, and presents the appearance of the most perfect health. He has an enlarged globular scrotum, and this is the only evidence of disease about him. It cannot be a gonorrhoeal affection, involving the parts within the scrotum—hernia humoralis—nor an orchitis, dependant upon some irritation made upon the prostrate or upon the membranous portion of the urethra by the passage of bougies, which often gives occasion to chronic enlargements of the organ; the history of the case is all to the contrary.

Nor can it be a scrofulous or tuberculous testicle, the appearance of the man's general condition being sufficient to exclude any such cause.

The patient is too young and too hearty to cause a suspicion of hydrocele, though it may possibly be such a tumor, with exceedingly thick walls. If the man had had a hernia humoralis or an orchitis, or suffered some recent injury, it might have been supposed that the gland had inflamed and swelled up, and, subsiding after a time, left a hydrocele.

The tumor is not particularly heavy, though it is heavier than a simple collection of water (the same size as the tumor) would be.

All these solid tumors were originally called sarcocele, no matter what the origin. If there was water present, the tumor was a hydro-sarcocele, etc.; but the word sarcocele, meaning merely a fleshy swelling, has been excluded from modern surgery as a vague term.

The term sarcocele was often used to denote a chronic enlargement of the testicle, sometimes dependant on a badly treated gonorrhoeal affection, or chronic enlargement of the epididymis, occurring idiopathically. Scirrhus degeneration of the testicle, and various other forms of disease of that organ, were all denoted as sarcocele.

It is a question whether this tumor be not a hydrocele. If so, it has a most extraordinarily thick and dense serous coat. There is no distinct fluctuation as of water; but there can be distinguished an indistinct movement, approaching fluctuation, and, when pressed upon, it seems partly fluid, and presents the same resistance to the hand in all its parts.

Is it a scirrhus testicle?

When there is a scirrhus testicle, or cancer in its chronic stage, the tumor is always hard, heavy, and irregular. This is not the case in the present instance.

Again: a scirrhus tumor is very painful, and especially so after handling. The patient never experienced any sensation of pain from this tumor, though it has given him a painful dragging sensation on account of its weight; but he has no shooting, darting, lancing

pains, and therefore it can scarcely be considered cancer.

We are therefore led, by exclusion, to the conclusion that it is either a case of hydrocele, an hydatid enlargement of the organ, or a case of encephaloid cancer of the testicle. It is in just the class of persons which this man represents that we find cases of encephaloid disease of the testicle. Prof. Pancoast has operated for encephaloid testicle on lads of fifteen and sixteen years of age, and also in men of fifty and sixty, though it is usually in men under the age of thirty years that encephaloid disease occurs.

There is one peculiarity about this form of disease—that it forms in the body of the testicle. It begins in the glandular structure of the organ, within the tunica albuginea; whereas in epididymitis, orchitis, scrofulous and tuberculous testicle, the disease is very apt to begin in the epididymis. But in encephaloid testicle it is the body of the gland that is most affected, and sometimes exclusively. When this is the case, the tumor retains the same globular shape of the testicle as in the present instance. The testicle of the patient is, perhaps, rather rounder than it should be, and somewhat broader in proportion to its length.

In encephaloid cancer of the testicle, there is seldom any pain in its commencement. Hence, from the want of pain in the tumor, its round and globular shape—from the freedom of implication of the cord—from the age and healthy aspect of the patient—the disease is quite as likely to turn out to be encephaloid disease as to prove an unusual case of hydrocele or hydatids.

Then the question arises as to what could have been the exciting cause of these encephaloid tumors. A single blow on the testicle is often a common cause of the development of encephaloid cancer.

The worst form Dr. Pancoast ever met, was produced in a young man by a blow from an apple thrown at him by a friend. In these instances the blow breaks some of the delicate blood-vessels contained in the cellular tissue of the organ; blood is poured out from them, and a disease is set up which takes the form of cerebriform cancer. The first stage of the disease is effusion of imperfect plasma in the body of the organ among the lobules, which forms into a little grayish mass, remaining dormant for a long time, and then gradually developing; cells are formed containing nuclei, which,

forming into cells, burst their envelopes, and become in their turn mother-cells, which burst again as new cells are developed, and thus the growth becomes larger and larger; and, as these cells press upon the lobules, they drive the seminal fluid out of the seminiferous tubes entirely and occupy its place. Then, softening commences, and the disease invades even the hard, fibrous albugineous coat of the organ; the development of these cells increases, the fibrous coat is softened and made to yield in all directions, and all this without causing much pain. So it advances, and, while it remains even of considerable size, there is no change visible in the surface of the skin; but, when it attains a certain size, the parts become excessively vascular—there is always increase of vessels, and hence the skin has a violaceous color, and is covered with large vessels, while the cord eventually becomes also enlarged. When the tumor has gone on to this stage, it is too late to attempt a cure by an operation for its removal; for, by this time, the cancerous matter has passed into the absorbent vessels, whose course it follows into the glands—not the glands of the groin, for the absorbents from these parts pass up into the cavity of the pelvis, and the first glands they meet are the lumbar glands placed upon the sides of the iliac arteries; and if, in a case of encephaloid disease of the testicle, but one single gland in the lumbar region can be felt enlarged, it may be taken for granted that it would be almost in vain to perform an operation; for, if the glands have become involved, there is no help for the patient.

Sometimes these enlargements are developed so that they look somewhat like the pancreas, and for this reason the tumor they form was formerly called the *Pancreas of Asselli*.

The tumor of the patient in question presents nothing but an enlarged globular appearance. The skin of the scrotum is perfectly natural in appearance.

It gives an indistinct sense of fluctuation, like that which would result from cerebriform cancer when becoming soft.

To determine the nature of the affection, as to whether it was hydrocele or encephaloid disease, a small trochar was passed into the centre of the mass, and the point was found to move about very freely in the tumor, showing that the contents were very soft, while blood flowed freely along the edge of the instrument proving the structures to be vascular.

A cautious opening was made to see whether the tumor contained a collection of water in an unusual place, or whether the gland itself was enlarged and soft and malignant; the desire of the patient being that if the latter should be found the case, it was to be removed while he was still under the influence of ether.

As it would be necessary to detach the cord in case the disease proved cancerous, and the testicle had to be removed, the *ecraseur* was chosen to divide the cord in mass, instead of strangulating it by a strong ligature, or cutting the cord little by little, and ligating the arteries as they spring, which is the plan preferred by many surgeons.

The cremaster muscle, being attached to the cord, would jerk the divided end within the external abdominal ring, and if any blood should flow, contrary to the usual experience with the *ecraseur*, it would pass into the cavity of the abdomen and might produce serious mischief.

To provide against any possibility of this, or of secondary hemorrhage, it is always advisable to pass a ligature through the cord, above the point where the *ecraseur* is to be applied, so that, if necessary, the cord could be drawn down.

As a lancet-shaped needle might puncture some of the vessels, the ligature is best applied by means of a darning needle, which may be worked through so as to go between the vessels.

Hernia humoralis, chronic epididymitis, orchitis, etc., usually occur on the left side; and many writers have endeavored to discover some assignable cause for this peculiarity. It has been supposed to be owing to the general habit of carrying the scrotum on the left side of the pantaloons; and Ricord states, that in one case in which he met hernia humoralis on the right side, the patient was in the habit of carrying his scrotum on the right side of the seam in his pantaloons.

The tumor in the present case occupies the right side of the scrotum.

The operation was then performed by dissecting the different layers, one by one. A very small opening was made first, a fold of the skin of the scrotum being raised up and the knife passed flat through the base, then through the dartos muscle, down to the tunica vaginalis communis, which was grasped up in like manner, and opened on the groove director, and the knife passed through.

The tunica vaginalis was found adherent to the tumor, all over; the body of the testicle it-

self appeared to be the seat of cerebroid cancer in its early stage, without excessive softening, yet some fluctuation; a small opening made into it fully determined its malignant character.

The testicle was taken out with its serous tunic by drawing it from its bed, a plan much preferable to dissecting out the tumor, as it gives complete access to the cord, at the same time bringing away with it all the adjacent cancerous matter.

There was no apparent disease of the cord, which was then ligated by the needle being worked through, in the manner described, the thread being knotted so as to form a loose loop.

The *ecraseur* was then placed around the cord, close up to the thread and just below it, and gradually tightened—about seven minutes being consumed in the operation of cutting the cord; for if the parts be divided quickly, it defeats the main object of the employment of the instrument, which is, that the vessels may be divided, avoiding hemorrhage, by slowly crushing them under the chain of the instrument. The action of this instrument is such that the most vascular tumor may be removed without hemorrhage following, provided time be given for its removal. The cord was divided without loss of blood, and the piece cut off was so bruised as to be bloodless, hard, and firm, looking like a piece of india rubber before it has taken the dark hue. The cord appeared perfectly healthy, and not even enlarged. The parts were dressed in the usual manner.

The timely operation in this case may protect the patient from a return of the disease; but, with our knowledge of the disposition of these tumors to prove fatal in the breast of the female, and even more so in the scrotum and testicle, there is reason for doubt in the prognosis.

If it should return, affecting the deep-seated lumbar glands, the disease will be entirely beyond relief.

PRACTICAL MEN.—Those were practical men who resisted the theory of Mr. Arkwright's machine, under the pretence of throwing the poor out of employment; those were practical men, who, being wigmakers, petitioned George III. to cut off his hair and wear a peruke, in order to set the fashion. Imagine the contemptuous scorn with which the honest wigmakers must have regarded a theorist opposed to wigs.

The public only reward in science that which is addressed to their wants. The application of science to useful purposes may thus be left to the public for reward; not so the discovery of the theories on which the application is found.—*Bulwer.*

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

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No. 37.

FAUCES—Continued.

Practical Remarks.—The tonsils are the seat of several morbid processes. *Tonsillitis*, or acute inflammation, of these organs is by no means uncommon, especially in damp winter seasons. The phenomena which accompany it are explained by the anatomical relations. They are apt to be simultaneously attacked. The narrow passage of the fauces becomes greatly diminished by their internal projection. This is produced by the resistance, partly of the pharyngeal aponeurosis on the outside, and partly by the strong contraction of the constrictor muscles of the pharynx under the stimulus of the disease. There is great difficulty in swallowing even fluids, the contact of which excites spasmodic contraction of the whole muscular apparatus of the fauces, by which they are either expelled from the mouth or regurgitate into the nasal passages. The nerves of sensation and motion to these several parts, being derived from a common source, and all bound together by the most delicate sympathy, will explain these effects. There is a constant discharge of thick, tenacious, ropy mucus which comes from the glands. There is difficulty of breathing, amounting, in bad cases, almost to suffocation. This follows from the soft palate and posterior arches being pressed back toward the posterior nares and posterior wall of the pharynx, so as to interrupt the column of air in its passage toward the larynx. This embarrassment to the respiration causes the livid color of the face which betokens imperfect oxygenation of the blood. The head is extended or thrown back, thereby elongating the neck. This position is common in all cases of difficult respiration from obstruction of the air-passages, and is a natural instinct of the system, in order that the sterno-cleido-mastoid muscles, which, having one extremity attached to the mastoid portion of the temporal bones, and the other to the sternum and clavicles, may be placed in a favorable position to elevate the walls of the

chest, thus reinforcing the ordinary muscles of respiration in this time of emergency. In these severe cases there is no doubt an extension of the inflammation and swelling to the parts about the epiglottis, which will contribute to produce the same results. The hearing also becomes obtuse from the encroachment of the swelling upon the Eustachian orifice; or there may be ear-ache from the connections existing between the nerves of the fauces and the branches of the fifth pair which reach that organ. For the same reason, the teeth and the face may become painful, the fifth pair supplying all these parts with sensibility.

In acute tonsillitis, the glands become excessively loaded with blood, and accordingly they are found intensely red, intermixed with livid spots, in consequence of obstruction by pressure upon the veins of the organs. It is not, therefore, to be wondered at that, if incision be made into their substance while in this condition, free hemorrhage will ensue.

Abscess of the tonsils may occur, as the direct consequence of the previous condition. From the dense nature of the interfollicular connective tissue, the purulent collections are very much circumscribed. The suffering and urgency of the symptoms which result from the proximity of the larynx, demand prompt treatment. Should the accumulation be near the summit of the gland, (the part which projects beyond the arches,) it can be punctured by a sharp-pointed bistoury carried directly back. As the dorsum of the tongue rises up to a degree which intercepts a view of these bodies, in some measure, either in health or disease, there arises a necessity for pressing it down by a spatula or depressor, when the object is either to inspect or lance. In either case the tongue should not be thrust out of the mouth, as by so doing the root is elevated, and the anterior arches so stretched as greatly to diminish the faucial space. Should the abscess be seated near the base of the tonsil, it will, of course, be covered by the anterior arch. In such a case it will be best reached by pushing the bistoury directly through that arch. There is nothing contra-indicating such a course. Certainly the internal carotid, which is but a little separated from the base, will be out of harm's way. Whereas, should a different course be adopted, that of cutting into the gland between the arches, the point of the instrument would have to be placed at such an angle, that any sudden start on the part of the patient, or un-

skillful movement by an unpracticed hand, might penetrate the vessel. Death has occurred from the sudden bursting of a tonsillar abscess, the pus flowing into the larynx and trachea, and thus suffocating the patient. A distressing case of this kind occurred in the person of a medical student during the winter of 1859. I had paid him a visit, and insisted on being allowed to incise his tonsil, which was much tumefied, with evident marks of the presence of pus. His consent could not be obtained, and in twenty minutes after leaving his boarding-house he suddenly sprang out of bed, and fell upon the floor, perishing in a few moments. The abscess had broken posteriorly, pouring its contents into his windpipe.

Hypertrophy.—Permanent enlargement of the tonsils is by no means uncommon. It is, in all cases, due to a peculiar constitution of the blood, and also some defect in the nutritive act. Thus it is seen in young subjects of a strumous or scrofulous constitution. The hypertrophying material is deposited in the parenchyma of the gland, consisting either of a shapeless blastema, or more frequently of new productions of connective tissue. The slightest exposure kindles inflammation, and thus one attack after another serves to renew plastic material for increase. This may become so dense as to cut almost like gristle. Their vascularity is diminished by hypertrophy, in consequence of the density of the newly-formed elements, obliterating the vessels by compression. Hence, when not inflamed, they may be excised without much risk of hemorrhage. Occasionally a very profuse and continued flow of blood follows their removal. In these cases it will often be found to proceed from two or three points. The walls of the vessels having, by the inflammatory process, become bound to the surrounding textures, rendering them unable to contract, their orifices remaining patulous. Or the contractility of the surrounding parts may be lost from the exudation undergoing an earthy transformation, the vessels, in consequence, lying in rigid, almost immovable canals. Persons laboring under this strumous enlargement of the tonsils, have a peculiar nasal intonation of voice very characteristic of the disease. The sensibility of the tonsils diminishes in proportion to their hypertrophy, their sources of innervation being disproportionate to their bulk.

Removal.—Experience has established the utter futility of local remedies in the great ma-

jority of cases of hypertrophy, and hence the general recommendation of removal. In performing this operation, it is only necessary to excise the portion which projects beyond the arches, or, at most, a very little more. Should a dangerous flow of blood follow, there will be a sufficient mass of the gland left to be encompassed by some compressing mechanism. The stump which remains gradually shrivels up, and, by the time cicatrization is perfected, is scarcely visible.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 46, 1860.)

By O. D. PALMER, M. D.,
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(Continued from page 428.)

If, in the first place, it should be well established that there exist no other grave lesions beside the abdominal tumor, it must, in order to admit the idea of extirpating the tumor, be proven conclusively that it is constituted by a cystic degeneration of the ovary.

We could not, without entering into considerations foreign to the subject of this paper, expose the particular symptoms of tumors of the ovaries. The learned researches, in France, of Drs. Cruveilhier, Cazeau, Bunchet, the more recent and special memoir of M. Boinet, elucidate and overcome the difficulties, numerous enough, presented in the diagnosis.

Beside, if the previously adduced indications are admitted, it follows that a great certainty as to the nature of the tumor will have been furnished, by an examination of the fluid obtained by tapping, which every prudent surgeon will have resorted to, before dreaming to undertake ovariectomy. We must state that surgeons abroad have sometimes incised the abdomen, without having made even one puncture, a proceeding that has exposed operators to fatal mistakes. The attempts at extirpation, afterward abandoned, the imagined ovarian cysts that have turned out to be tumors of the liver, spleen, uterus, epiploon, etc., confirm it. To acquire a certainty that the affection is constituted by the ovary, it is necessary to be sure that the tumor is of a cystic nature.

In a practical point of view, as concerns extirpation, it is essential only, amidst all the varieties of ovarian degeneration, to consider

two species—the simple cystic tumors and the complicated cystic tumors,—(Cystoides of Kiwiasch.) Scientific works, and these only can be advantageously employed, treat exclusively of cases in which the operation has been applied to degenerations, supposed to appertain to one of these two groups.

The simple cysts, constituted of but a single tumor, may be formed of but one sac merely filled with a fluid, very variable in its nature; or may be divided into cells, more or less numerous, communicating with each other, or not. Cysts entirely unilocular are rare. Cavities, of greater or less size, are almost always found, formed by the ovary, it may be interiorly, but particularly about its base.

Among the compound tumors are reckoned the cysts, denominated vesicular or multiple, characterized by tumors, independent and more or less fluctuating; and the areolar, or alveolar tumors, remarkable for being almost entirely fibrous, with interstices generally very small; sometimes, however, one or two of the cavities are more largely developed. The fluid contained in these areolar cysts is thick; it has often the aspect of a jelly, and can be evacuated, by tapping, only in small quantities. Cases of cancerous propagation have been observed as a consequence of the extirpation of tumors of this species. An example from the practice of M. Spencer Wells follows:

Case 4.—A woman of thirty-three years married, the mother of three children, the youngest of which was three years old, perceived that after the last confinement her abdomen did not diminish in volume. A year afterward she became aware of a tumor that was rapidly increasing. The menstruation had been regular, but slight up to the last six months, from which time it has been suppressed. She entered the Samaritan Hospital, in the service of M. Spencer Wells, the 1st November, 1858. She was extremely emaciated and feeble. The enlargement of the bowels was considerable; they measured from the pubis to the sternum thirty inches, and in circumference, on a level with the umbilicus, fifty-seven. There existed ascites certainly, and there was no tumor perceptible in the abdomen.

The state of the patient was of such gravity that it became necessary to intervene. On November 5th, an explorative puncture was made, with the intention of proceeding to extirpation, if she should consent, and on condition that

this operation was indicated after the evacuation of the peritoneal water.

Fifty-seven pints of turbid serosity was discharged, when an irregular tumor showed itself, composed of many lobes. It was punctured; but its contents were too thick and glutinous to be discharged through the incision, till this was considerably enlarged. Adhesions between the tumor and the epiploon and small intestines were found, and easily separated. The pedicle was on the left, short and broad. It was compressed between the two metallic plates of an instrument, and divided. A very considerable hemorrhage supervened from a pelvic vein, which was restrained by the application of a ligature.

The right ovary was healthy. The abdominal wound was united by nine twisted sutures. There were no unfavorable symptoms in the patient after the operation. The wound rapidly healed, and the woman left the hospital four weeks after the operation. Her health was perfect. The tumor taken away weighed, without counting-in the fluid that escaped, twenty-one pounds. Its external envelope was of a fibrous nature, very resistant, and vascular; the body of the tumor was composed of a mass of alveoles, varying in dimensions from the size of a pea to that of an apple. There was but one single sac, containing a viscous fluidity.

The smaller cavities were filled with a gelatiniform substance, highly colored in some, and clear in others. In short, it was a veritable fibroid tumor, with irregular cells, filled with gelatinous matter. The term colloid or alveolar cancer might have been applied to it. On microscopical examination, however, the elements of *true colloid degenerescence* could not be seen.

This woman continued in very good health till the following summer. Dr. Jardin, of Capel, wrote February 10th, 1859, that she then traveled long distances on foot, and presented the appearance of the best of health.

In the course of the summer she was attacked with obstinate constipation, then with a real internal strangulation, and died August 26th, 1859. The peritoneum and intestines were covered with deposits of a cancerous nature.

The pedicle of the removed tumor was fixed solidly in the abdominal cicatrix. The extirpation of aveolar tumors, which are both solid and cystic tumors, has more frequently yielded unfavorable results, and I think the verification of their existence should prevent a radical

operation, unless as an exceedingly precarious resource.

In summing up the known cases of ovariectomy, we are permitted to say that the cystic tumors, with large cavities, offering otherwise the prescribed indications, present particularly favorable chances for extirpation.

But the operation must be materially possible, in order to be morally justifiable; and this point affords the greatest difficulties and most desperate uncertainties, as there are no means of knowing before the operation that there do not exist between the tumor and the neighboring organs, such solid attachments as will render the extraction impossible.

If in certain cases the tumor is completely immovable, if, especially, a sensation of coldness is perceived in applying the hand to the abdomen; if no displacements of the tumor are perceptible, under the influence of movements given the uterus by means of the uterine sound or without this instrument; if these are the characters that induce us to think there may be considerable adhesions, and to reject extirpation, we are obliged to confess there are no signs that can give us an absolute certainty that these adhesions do not exist. We may suppose the adhesions are wanting when the tumor is very movable; yet this depends on its attachments to the abdominal walls only, for such others as may exist between the epiploon and the cyst would in no wise hinder the displacements. Finally, no tumors are movable but those of small dimensions, and we do not extirpate these. Thus, the surgeon can never undertake this operation with the assurance of being able to achieve it. When I discuss the subject of the operative method, the consequences of attempts at extirpation, not completed, will be more perfectly examined.

Happily, however, the separation of extensive and strong adhesions to all the abdominal organs and to the walls have often been effected without in any way compromising the success of the operation. Case first is recalled, in which the cyst was attached to the concave side of the liver. The following case is equally conclusive:

Case 5.—The subject was a woman of forty-five years, mother of three children. She had carried an ovarian tumor for five years, and had been tapped very frequently during the latter part of this time. The fluid becoming more and more abundant and thick, M. Baker Brown, to whom this woman was brought by

Dr. Philips, proposed ovariectomy, and it was accepted.

The operation was performed by Dr. Brown on the 25th February, 1859, at two o'clock, P. M., assisted by M. M. Nunn and Philip Harper, and in presence of M. M. Philips, Rambotham, Northington, and others. Dr. Edwards administered the chloroform.

An incision was made five inches long, between the umbilicus and pubis, and then the peritoneum opened with much care. Several pints of liquid were discharged. A tumor then appeared resembling very much a cauliflower, and which, on close examination, was recognized as a vegetation, implanted upon the right ovary. The adhesions were not very firm, and were readily overcome by the hand. The entire mass of the cyst was extracted through the wound. It was held by a very short pedicle, which was embraced by a ligature, very tightly drawn, and then cut.

This done, another tumor, of the size of a child's head, was found in the left side of the abdomen. Here was a difficulty not looked for. When extraction was attempted, it was found to be so firmly fixed that it could not be moved. This was not an ordinary adhesion, but seemed to be connected with the substance of the pelvic fascia itself. It was endeavored, not without difficulty, however, to dislodge the tumor by tearing it, by pieces, from its envelope. Thus, many cysts, filled with a variety of fluids, were opened. In three different places the attachments were so intimate, that it was necessary to employ the *écraseur*, in order to divide the adhesions. At length the whole tumor was extracted. The pedicle was encircled with a strong ligature, and compressed between the plates of an instrument, (hereafter described,) which retained the first pedicle. The abdominal cavity was carefully sponged out, and perceiving no hemorrhage, the wound was closed with metallic threads, placed an inch apart, and the instrument fixed, compressing the pedicle in the most dependent part of the wound. The dressings were made as in the preceding operations, and the patient carried to bed. From this time all went well; the instrument was removed the seventh day, and the ligatures a few days after. The eleventh day an injection was administered, and the fifteenth the patient was able to leave her bed to incline on a sofa. Now, 16th March, she does very well, and improves in strength. All of the wound, with the excep-

tion of a point where the pedicle passed out, is healed. The patient eats, drinks, and sleeps well. Her stools were regular.

In this case the extraction of the tumor has been rendered very difficult by its extensive and intimate adhesions, retaining the second tumor to the floor of the pelvis. But these obstacles were overcome without causing, as we may observe in the history of the patient, any of those serious disorders that we might consider, *a priori*, the inevitable consequences of the havoc effected by this sort of manœuvres.

Thus the adhesions are often a source of difficulty in the execution of the operation, but their solidity does not necessarily entail a failure of the operative success.

The ultimate issue of ovariectomy is, in a certain measure, connected with the difficulties presented in the extraction of the tumor. We may judge of this influence from the following tables, giving, according to Dr. J. Clay, the results obtained in 385 cases, in examining which account has been kept of the existence and nature of the adhesions:

	No adhe- sions.	Light ad.	Extens'e ad.	Ad. requi- ligature.
Terminations in cures,	68	66	67	13
Terminations in death,	31	45	66	29
Total,	99	111	113	42

This table demonstrates that there is evidently no greater chance of success when adhesions do not exist, or only to a small extent; but at the same time proves that where these were extremely solid, they have been broken without necessarily producing a fatal result, or an impossibility of completing the operation. It is none the less true that such a great uncertainty, in regard to the existence of inseparable adhesions, diminishes the clearness of the indications of ovariectomy; but as the insufficiency of the means of diagnosis does not allow us to consider the non-existence of adhesions as an essential condition of this operation—a ground that would be equivalent to an absolute prescription—we are obliged to be less rigorous, and only exclude, as being unworthy to be submitted to a trial, those tumors that appear to be solidly united to the neighboring organs.

In conclusion, the certainty that there exist no other serious lesions, beside that of the abdominal tumor, the evidences that this is due to a cyst, and not to a solid degeneration of the ovary, the absence of all proofs of solid adhesions of the tumor—these are the conditions,

the reality of which may be considered as the first indications of ovariectomy. There cannot be, so to speak, any dissent on this point among authors who have written on this subject.

But, if we may judge by the practice of certain surgeons, there does not exist a coincidence of opinions sufficiently perfect to admit as necessary the second indication proposed, which is this:

All the means of cure less dangerous have been vainly put in use.

Before defining the meaning that should be attached to this formula, we should state that many surgeons do not admit the necessity of exhausting the surgical means less dangerous before attempting extirpation.

The cases in which ovariectomy has been the first treatment employed, are numerous enough. The following is the history of an operation performed at Berlin, at the Charity Clinic, by Professor Langenbeck:

Case 6.—A woman, aged thirty, having menstruated regularly since thirteen, has been married nine years, and has had no children. She perceived, two years ago, that a small tumor had developed itself above the pubic arch. She experienced frequent desire to urinate, constipation, pain in the lumbar region. She was easily fatigued and became emaciated. The abdomen was enlarged as at the eighth month of pregnancy; the abdominal walls being thin, the tumor could be exactly circumscribed, and was smooth; fluctuation was manifest in its whole extent. It was movable above, below, and on the left, but a little less movable on the right.

The touch revealed no change in the volume and position of the uterus. The tumor could not be felt whilst the patient was lying. When she was standing, it was perceived between the vagina and the bladder. As the tumor extended rather toward the left hypochondrium, it was supposed to be formed by the left ovary; the event proved this to be erroneous. No surgical treatment had previously been put in requisition. The abdomen was incised two finger breadths below the umbilicus, along the *linea alba*, the incision being two inches in length. The tumor appeared; its surface was covered with large vessels, gorged with blood. The cyst was punctured, and there was discharged one *litre* of thick fluidity, dark and unctuous; the sac did not collapse entirely, and it was found that there was still another. This was

tapped in its turn, and a serous liquid escaped. The tumor was then easily extracted through the wound.

The direction of the pedicle indicated that the tumor arose from the right ovary. The pedicle was secured by two ligatures of wire, and retained in the wound; it was severed, little by little. Five vessels required ligature, whilst the section was being made. Five points of suture, not including the peritoneum, united the edges of the abdominal wound. Two of these traversed the pedicle. The patient having been put under anæsthetics, did not awake till a quarter of an hour after the conclusion of the operation. She complained of pains in the wound. These ceased five hours after. At 8 in the evening the pulse was slow and soft. She was ordered morphia. After slumbering she awakened at 2.30 A. M., complaining of burning pains in the abdomen, and of great uneasiness. Vomiting then supervened; the countenance was pinched; the pulse 90 and hard; the abdomen very sensible to the lightest pressure. She was bled eight ounces, which was followed by syncope.

At five and a half in the morning pains anew and return of vomiting. The bowels swelled, but the distention was interfered with in its centre by the pedicle being retained in the wound. The ligature restraining it was loosened. The belly gradually distended, and a little sanguineous serum discharged from the wound. The peritonitis made rapid progress. Vomiting set in anew, the symptoms increased in violence, chills and rigors took place, and she died forty-eight hours after the operation.

The autopsy showed extensive peritonitis. The coats of the bowels were agglutinated together; the surface of the section of the pedicle was covered with a little coagulated blood. The left ovary was rather more voluminous than normal.

The tumor taken away presented two large cavities, separated from each other by a fibrous partition. On the internal surface existed some small endogenous cysts.

The foregoing case belongs to the category of those extirpations, where the operation has been undertaken as the initial treatment. The tumor was not very largely developed. Life was not immediately nor imminently threatened. The same remarks may apply to the following case:

Case 7.—A woman, fifty years of age, of good health, entered the Metropolitan Hospital, Lon-

don, in the service of M. Borlase Childs. For fifteen months she has perceived an abnormal enlargement of the abdomen. M. Borlase Childs recognized a monocystic, non-adherent tumor of the ovary, and finding this case very favorable for extirpation, he submitted his patient to that operation Feb. 11, 1859.

The temperature of the apartment had been raised, and opium had been given to his patient. An incision of four inches along the *linea alba* sufficed for extracting the sac after it had been punctured. The loss of blood was insignificant. The pedicle, which was very large and very vascular, was maintained outside by an appropriate instrument. The wound was closed by sutures. The operation lasted but a few minutes. The patient appeared very well, the pulse not exceeding eighty per minute. Four hours after the operation the patient was sinking; blood spouted from the wound. Supposing there was a hemorrhage from the surface of the excised pedicle, a new ligature was placed around it. Death seemed imminent, but did not take place till noon of the next day, twenty-four hours after the operation.

The autopsy revealed a large quantity of free blood in the abdomen. This proceeded from a portion of the pedicle, which, escaping from the grasp of the instrument, had slid into the abdomen.

"This will teach us another time," adds Monsieur Borlase Childs, "how it is necessary to secure the pedicle, so as to evade an accident of a similar kind."

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

SEVERE BRONCHITIS, WITH GREAT PROSTRATION, ETC., FROM EXPOSURE FOLLOWING THE WRECK OF A VESSEL.

The patient is an English sailor; he was some two or three weeks coming to the coast of America, and his vessel was wrecked off Cape Hatteras; he was exposed for several days to all sorts of hardships, but was finally rescued and sent here. He said that he had had fever for several days; his skin was warm and his pulse frequent.

Examining his chest, he was found to have more or less mucous and subcrepitant rchus throughout the lungs, abundant on both sides.

He has also considerable cough and expectoration, indicating the existence of severe bronchitis in both lungs.

There were also symptoms connected with the brain. He lay in a stupid, dull condition; his face was flushed, and he had the aspect, to a certain degree, of a man laboring under typhoid fever, but he did not present the characteristics of a well-marked case.

Passing the ward one day, Dr. Gerhard found him sitting up and eating his soup, showing that he was not excessively prostrated, although lying in an exhausted condition. His abdomen was retracted rather than distended. There were no sudamina, nor any rose-colored spots; no diarrhoea, no epistaxis, and hence no symptoms of typhoid fever, except the excessive prostration, which he could at times overcome. This excessive loss of strength is not a good diagnostic sign of typhoid fever. True, it constitutes one of the symptoms when connected with other characteristics of the disease, but is met with in many other affections, as pneumonia and bronchitis.

The patient has a violent bronchitis, almost approaching to pneumonia, and, after being exposed at sea, and subsequently subject to many depressing influences, his system has naturally become exceedingly enfeebled. Hence the case was not considered as one of typhoid fever, though the diagnosis lay at first open to doubt.

Treatment.—This consisted of good nourishing diet, but of a mild nature; supposing there was a possibility of the case tending to typhoid fever, he was placed upon a diet which would antagonize anything like that disease, consisting chiefly of semifluid articles of food. If the patient had been laboring under an affection accompanied with ulceration of the mucous membrane of the intestine, he would have necessarily been thrown into very great danger had solid food been given. Wine-why was ordered as a slight stimulant. He is taking acetate of ammonia and sweet spirits of nitre, with syrup of squills and paregoric as an expectorant. Being too feeble to bear cupping, he was blistered over the front of the chest.

Under this treatment, he is gradually recovering.

OBSCURE CASE OF TYPHOID FEVER—ABSENCE OF ALL THE CHARACTERISTIC SYMPTOMS.

A young man was brought into the hospital, January 6th, lying in a semi-comatose condition, his mind entirely unconscious to all surroundings. His face was very little changed, and had not the well-marked flush so constantly developed in typhoid fever, nor the flush of pneumonia, nor the flush of phthisis; but still a little flush was observable.

The abdomen was retracted, and there was

no trace of rose-colored spots or sudamina. There was no perceptible enlargement either of the spleen or of the liver; there was a very slight of cough. The skin was warm, but not hot; the pulse was quick and frequent—90 per minute.

Very few other symptoms could be discovered. There was no subsultus tendinum; there was no diarrhoea, no epistaxis, no giddiness in the head, no sense of swimming, no noises in the ears, and, in short, no symptoms characteristic of typhoid fever.

Notwithstanding the absence of all these peculiar symptoms of typhoid fever, Dr. Gerhard felt sure that the patient was laboring under this disease, being led to his diagnosis solely by the physiognomy of the patient, his general aspect and position.

Physicians accustomed to treat cases of typhoid fever, especially in hospital practice, can always detect the disease by a glance, in spite of the absence of the peculiar symptoms.

He was given a teaspoonful of castor-oil to act on the bowels, this quantity being sufficient in cases of typhoid fever when there exists ulceration of the mucous membrane of the intestines, precluding the use of purgatives.

A tablespoonful of the spiritus Mindereri was ordered to be given every two hours, and the patient put in an airy room. He was ordered two grains of quinia two or three times a day, and, in the course of a day or two, wine-why will be administered.

There is secondary bronchitis passing into pneumonia, which may require occasional cupping or a blister to the chest. Should delirium ensue, it will be treated by the application of a blister to the back of the neck. Sometimes, though rarely, the delirium requires the employment of depletion by cups.

The diet will consist chiefly of beef-tea or mutton broth, a little arrow root, etc., avoiding solid food.

SURGICAL WARDS.

Service of Dr. Pancoast.

EXOSTOSIS OF THE TERMINAL PHALANX OF THE BIG TOE—OPERATION.

In this case a bony growth springs up from the periosteum, covering the end of the phalanx.

The periosteum everywhere about the body is continuous with the cellular tissue, being in reality little more than condensed cellular tissue, and in this locality it is intermixed with masses of fat, which makes a sort of bulbous expansion about the toe. The pressure of a boot frequently develops an inflammation in the periosteum, which causes a formation of bone on its outer surface.

Sometimes, but rarely, these exostoses occur

on the thumb. They press up under the matrix of the nail, and often the nail has been removed in the hope of relieving the patient; but the only cure is to lay open the soft parts, and, with a pair of cutting pliers, snip off the bone; the part may then be dressed with lint, steeped with some astringent wash, as aromatic wine and tannin. The exostosis was removed and the dressing applied as mentioned.

CASE OF INVERTED TOE NAIL—OPERATION BY REMOVING WITH THE NAIL A PORTION OF THE MATRIX ON EACH SIDE.

A young girl was admitted into the surgical wards, a few days previously, suffering from an inversion of the nail of the great toe.

This affection is usually a disease of the matrix of the nail, caused by pressure from a tight boot or shoe against the end or side of the toe. The nail of the toe or finger is but a cast of the matrix. If there be too much pressure on the matrix where the toe grows by deposits of cells, the original shape of the matrix is altered, and the nail will gradually grow off toward the side, and plunge into the soft tissues like a thorn, keeping up constant irritation and suffering.

Many plans have been devised for the cure of these affections. Nails have been filed; they have been soaked in acids and alkalies; they have been notched in the centre, and the parts upon each side been brought together, in the hope that this device would cause the nail to assume its natural manner of growth and retain it; lint has been introduced between the nail and the soft parts, to induce the nail to change its abnormal form of growth; then followed the plan of Duyputren, in which he splits the nail up to its root by a pair of sharp-pointed forceps, working the instrument flatwise under the nail, and then taking hold of each half, he twists it out from its bed. This is a very painful process, and results in a permanent cure no more than the other various processes, which all fail.

By this process you only get rid of the present trouble. The nail grows from cells deposited by the matrix; it takes its shape from its matrix; and as it is a deformity of the matrix, which causes the inversion of the nail, the disease is not cured by pulling the nail from its bed.

The matrix is still left, and being the mould of the nail, as soon as the nail can grow again, the trouble is necessarily reproduced.

Dr. Pancoast's plan for removing the disease is by striking at its cause, and this being a change in the form of the matrix, he removes that part of it which is in fault. Consequently, its mould and origin being removed, the nail

cannot grow again in the same position. He allows the nail to grow out long, and then poultices the toe, which produces a loosening of the textures around the parts. All the spongy growth that occurs on each side of the diseased nail is taken away, and then, working his instrument under the nail, the diseased portion is snipped away down to the very bottom, including the matrix. If necessary, this is done upon both sides.

This plan of treatment has been resorted to by Prof. Pancoast with invariable success.

After removing the sides, he draws a strip of adhesive plaster under the inferior surface of the nail, in order to press down the fungous flesh, leaving the nail a fair chance to grow out normally.

This operation was performed as described.

PHYMOSIS—OPERATION BY RUPTURE OF THE MUCOUS MEMBRANE.

A week ago the operation of circumcision was performed for a congenital phymosis, in which there was an unusual hardness and thickness, and want of dilatibility in the mucous membrane. (See REPORTER, p. 430.) This case is doing well.

It is not, however, by any means, every case of phymosis which requires circumcision, for, in many cases, a milder mode of procedure is sufficient.

In the present case of phymosis there is difficulty of micturation dependent on the narrowed orifice of the prepuce.

The glans can be uncovered to some extent, though the prepuce cannot be brought back to the corona.

In such cases, a plan usually followed by Prof. Pancoast, which can be performed very quickly and is usually found to answer very well, is to draw the foreskin forward over the glans, getting room sufficient to introduce a pair of dressing forceps, one blade on each side of the glans, inserted between it and the mucous membrane of the prepuce; this is to be pushed back, then opened and drawn out open, thereby rupturing the mucous membrane. The tension being overcome, the prepuce is freed and can be drawn back, as in the present instance, where this operation was performed.

In the after treatment of these operations for phymosis, it must be borne in mind that the mucous covering of the glans is very sensitive, in consequence of the extreme tenuity of its epithelium.

No dressing will be required, except to cover the surface with Ricord's aromatic wine, with some tannin dissolved in it, in the proportion of four grains to the ounce.

The foreskin is to be drawn backward, allowing the mucous membrane to heal by granulation.

STRICTURE OF THE URETHRA WITHOUT SPECIFIC CAUSE.

These strictures frequently occur from blows in the perineum, from blows against the pomel of a saddle, from hurts received in climbing fences, and similar injuries. They happen in children under five years of age, where the cause cannot be ascertained at all.

We sometimes find chills occurring in localities far removed from miasmatic influences, which are owing to the existence of a stricture, the relief of which cures the chills.

The patient in the present case is an old gentleman who received a blow in the perineum while climbing over a fence, the top rail breaking and striking him.

A knot can be distinctly felt in the perineum, resulting from an effusion of plastic matter, probably into the spongy structure of the urethra, perhaps between the mucous membrane and the spongy structure, which is the position where it is often found in strictures from gonorrhoeal inflammation.

Ruptures of the urethra sometimes occur from weights passing over the body, or from the patient striking the buttock against the ground. There is a tendency to strain the soft parts of the perineum, the skin and mucous membrane being continuous, when the muscles violently contract. The levator and sphincter ani muscles, and those of the urethra, pull in a different direction, and, as a result, the sphincter is sometimes torn across, the perineum laid open, and the urethra torn. The levator ani muscle has been known to tear the sphincter across.

Several years ago, Dr. Pancoast was called in consultation to see a man of constipated habit, in whom, while straining at defecation, the sphincter had been torn two inches into the bowels by the violent contraction of the levator ani.

In the patient before the class there is a swelling in the groin, which has occurred from internal hemorrhage, in consequence of a rupture of the spongy portion of the urethra and the blood infiltrating the tissues upwards.

He can pass water but in a small stream. On examining the urethra with a bougie the stricture was found to exist at the curve, showing that the blow which produced it must have been at the bulb and ruptured it.

Several ineffectual attempts were made to pass a small instrument into the bladder in the hope of overcoming the difficulty by dilatation.

The wax bougies of Hunter and Physick were employed. The advantages to be derived from the employment of these instruments are, that they are soft and take any shape, and thus, when withdrawn, often give a mould of the stricture; they are smooth and polished as

glass, glide readily and give no liability to accident by rupturing the urethra, unless the tissues be very soft and altered indeed.

These instruments could not be made to enter, and an equally unsuccessful attempt followed the use of cat-gut and other instruments.

The patient was then put to bed and told to suppress the desire of passing water until the effects of any irritation which might have followed the pressure of the points of the bougies against the stricture shall have passed off.

MEDICAL WARDS.

PROGRESS OF CASES—SCURVY.

(See Reporter for January 26th, p. 446.)

January 16th. The worst case still retaining the sallow complexion dependent on two causes, owing to the disease of the liver, accompanying the scurvy, and the disorder of the blood.

He does not complain of pain anywhere. His breath is still exceedingly offensive, from a tendency to gangrene of the mouth, which often occurs in bad cases of scurvy; this tendency is also shown by the peculiar appearance of the skin on the cheek.

In children, previous to a case of gangrene of the mouth, there is a peculiar appearance of the skin on the cheek, which becomes tense and of a reddish pale hue. The bowels are constipated; the tongue slightly coated and dryish at the centre. The treatment with lemon juice and stimulants was continued.

January 23d. The worst case is dead, and the others are well and able to leave the house.

A post-mortem examination was made. No particular lesion of any portion of the alimentary canal was found.

The internal membrane of the heart and large arteries were tinged with a deep red color, which occurs whenever the blood is watery and passes readily out of the heart and blood-vessels.

In deaths from scurvy there is sometimes found an alteration of the kidneys, and occasionally alterations of the liver and lungs, and also alteration of the spleen, which is a very important indication of the lesion of the blood.

Thus, in cases of intermittent fever where the blood is diseased, it constitutes the only pathological lesion; not such an alteration of the spleen as occurs from scurvy, or from typhus and typhoid fevers, but merely an alteration in which it becomes watery but does not lose its constituent particles. In almost all diseases where the blood is affected there is considerable alteration of the spleen. In this case it was enlarged and softened, but had not yet gone on to the chronic alteration of hardening.

On examination of the head, there was found caries of the bones of the cranium, which did not, however, result entirely from the scurvy, but partly from an old disorder; and the diff-

really became augmented by the occurrence of the scurvy. If a man has a "weak point" and becomes attacked by scurvy, it will operate on that "weak point," and cause more or less alteration of tissue.

Before the man died, the emanations of his body, on account of the gangrenous condition, which had extended to the lungs, became so horribly offensive that patients in the remote parts of the ward could not bear it, and the patient was removed to another apartment.

Gangrene of the face, cheeks, and gums, etc., is not confined to scurvy; it occurs more frequently in children than in adults, and even then it is comparatively rare, though it was formerly found abundantly in the children's hospitals of Paris.

WILLS HOSPITAL.

Service of Dr. Morton:

Reported by H. Earnest Goodman, M. D.—Resident Physician.

FOUR CASES OF CATARACT—THREE OPERATIONS BY SOLUTION; ONE BY EXTRACTION.

Case 1.—Sclerotomy.—James C., set. 51, was admitted into Wills Hospital October 15th, 1860, with capsulo-lenticular cataract of the right eye, which had been forming for six months. There was still enough vision to enable him to go about the streets.

The left eye was lost, from inflammation, sixteen years since. Three months ago his eye was operated on by the posterior operation. Absorption progressed very slowly after the operation, which seemed to be owing to the presence of a large quantity of broken lens in the anterior chamber, which, when pressing upon the iris and cornea, kept the eye in a constant chronically inflamed condition, until absorption had taken place.

Jan. 16th. To hasten absorption Dr. Morton performed a second operation for solution, and, after the needle was fairly upon the cataract, it was found that the absorption had only taken place from the anterior surface of the lens, leaving a slight deposit on the posterior concave surface, which, after two or three light touches with the knife-needle, at once cleared the pupil.

Jan. 17th. No pain, inflammation, congestion, or sick stomach, followed yesterday's operation.

Jan. 25th. The loose floating particles of the cataract are being slowly absorbed; he can see enough to go about the hospital. As there was no inflammation following the operation, the iris was only kept under the influence of atropia for three or four days.

Case 2.—Mrs. R., set. 55, has been blind in

the right eye from a cataract for two years; can still see with the left, although it is becoming cataractous. The patient is of nervous and a very delicate temperament; generally suffering from pain in the head; no particular cause can be assigned for the cataract.

Jan. 23d. Dr. Morton performed a second operation on the right eye for absorption in the usual manner.

Jan. 25th. Eye congested and conjunctiva ecchymosed, with a good deal of pain. Excessive nausea and vomiting followed the operation for several hours.

Jan. 26th. Eye still painful, but not inflamed; nausea continues.

Jan. 28th. Pain in the eye and ecchymosis of conjunctiva gone; eye still slightly congested.

Treatment.—Tonics, porter, and good diet, with the usual application of belladonna and sol. atrop. sulphat. daily; she was allowed to be out of bed.

Case 3.—Caroline S., German, set. 60; eyes have been cataractous for eighteen months. In the right eye there is a soft capsulo-lenticular cataract fully formed, with no vision; while in the left, there is one forming, with still enough vision to enable the patient to go about alone.

Jan. 23d. The pupil of right eye being fully dilated, Dr. Morton performed the posterior operation of division with the knife-needle.

Jan. 24th. Some pain followed the operation; eye a little congested. Nausea and vomiting excessive, and very prostrating. As in the former case, vomiting seemed to be relieved only by anodyne injection of forty-five drops of laudanum.

Jan. 28th. Patient feels weak. Conjunctiva still a little congested, but not inflamed; pupil well dilated. Ordered tonics, porter, and a good diet; allowed to be up for a few hours.

Case 4.—Extraction of a Hard Capsulo-Lenticular Cataract.—Mrs. Holden, set. 60, was admitted in Wills Hospital about the first of October, 1861, with a hard double capsulo-lenticular cataract, which had been forming for the last three or four years. She could only distinguish night from day, and see objects when passed between her eyes and a light. No cause for the cataract assigned. Since her admission she has been operated on by the posterior operation for absorption three times, with little or no success as regards improvement of vision; the softer portions of the lens being absorbed and the hard nucleus remaining.

Jan. 23d. Dr. Morton attempted to perform upon the right eye the posterior operation of solution for the fourth time, the pupil having been so much dilated that only a rim of iris could be seen; but, owing to the hardness of the lens, it was impossible with the knife-needle to make any impression upon it without dislocating it from its delicate attachments. Dr. M. then tried to depress the hardened lens

in the vitreous humor with the same needle, but as soon as its attachments were broken it was forced through the dilated pupil into the anterior chamber. Only one thing (extraction) was then left to be done. Dr. M. accomplished this by first making an incision in the upper edge of the cornea with Beer's triangular-shaped knife; after this upper section of the cornea was completed, the eyelids were allowed to be closed for a few seconds, when the lens was extracted with a fine hook. The incision, in this instance, was a smaller one than is generally required, on account of the soft exterior of the lens having been absorbed. The eye was closed with gauze and collodium.

Jan. 24th. Scarcely any pain followed the operation. Patient slept well during the night, without any anodyne; appetite good. Ordered oyster soup, eggs, and a good plain diet.

Jan. 28th. The dressings were removed; pupil well dilated and regular. Wound of cornea has entirely healed; there is some congestion of the conjunctiva, but no inflammation. She can see large objects and distinguish colors quite well already, although the eyesight is necessarily very weak. Dropped sol. atropine in the eye and continued the application of belladonna over the brow. The operation bids fair to be a successful one.

The lens in the left eye has all the appearance of the one removed, which was very hard; it will probably be extracted by Dr. Morton when the right eye has entirely recovered.

* ARTIFICIAL PUPIL.

Edward C., an active little fellow, *æt.* 11, was admitted into Wills Hospital, November 11th, 1860, with false cataract in the left eye and occluded pupil, the result of inflammation, following a blow with a whip. The right eye was lost from running the prong of a fork into it, and the stump was removed in New York about sixteen months ago, and an artificial eye inserted. Since his admission into the Wills Hospital, the false cataract has been extracted, but the pupil remained occluded, and perfectly insensible to the influence of atropia.

Jan. 16th. After the patient was fully anesthetized, Dr. Morton increased the size of pupil with a knife-needle by inserting it as in the ordinary return operation for the absorption of cataract and cutting the iris from the pupil about a half line upward. It has had the effect of allowing a little more light to enter the eye. The cure, however, from so much previous inflammation of the eye, is almost a hopeless one

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

FATTY TUMOR OF THE JAW—REMOVAL.

The patient, a young man, 24 years of age. He has a fatty tumor of many years standing

located on the jaw, where it acts as a plug between the masseter and temporal muscles.

Tumors often form in this position. One or more glands are lodged here, which sometimes enlarge, and are troublesome to remove.

The present one has lately been growing rapidly, enough to be remarked within the last two weeks, during which the patient has been under observation.

The tumor is situated next to the buccinator muscle. The operation for its removal may be performed by opening the integument on the outside; or by dividing the buccinator muscle on the inside and withdrawing the tumor from the cavity of the mouth.

The duct of Steno is involved in the growth, and if the tumor were taken out from the inside it would be necessary to pass a probe through the orifice of the duct. It would pass down in the puncta lachrymalia. If the tumor be taken out from the side of the face, the incision should be made low down so that the cicatrix might be hidden by the beard.

This latter operation was performed, and the tumor was peeled from its bed by the fingers.

The tumor was partly fatty and partly cystic, made up of enlarged varicose veins, and was situated under the jugum, which is formed by the zygomatic process of the molar and temporal bones.

A small vessel, a branch of the transverse facial artery was tied, and a plug of lint dipped in a solution of benzoate of alum placed in the wound. This arrested the hemorrhage. The parts were bound with adhesive strips, and a bandage applied as in fracture of the lower jaw.

OPERATION FOR HARE-LIP.

To prevent hemorrhage from the coronary arteries surrounding the mouth, small steel springs were applied to the angles of the mouth, thus compressing the artery.

The frænum being large and strong, it had to be divided.

The operation was performed in the usual way, cutting away the edges of the deformity and bringing the freshly incised parts together by means of the hare-lip pin.

The usual figure of 8 suture around the pins to hold the parts in position was not employed, preference being given to elliptical turns.

To secure complete union of the mucous membrane of the inner side of the lips, a needle was passed along the border, the suture being tied on the vermillion edge of the lips. No dressing was applied.

On the third day after the operation the top pin is to be removed, and on the following day the lower one is to be taken away; the threads will probably retain their position on account

of the hardening of the plastic matter effused over them.

This is about the usual period for removing the pins, though they can be removed earlier, when necessary from inflammation or other causes.

HYDROCEPHALUS—TAPPING AT THE LAMBDODIAL SUTURE—REMARKS.

This case is a young child suffering from hydrocephalus. It had previously been tapped by Prof. Gross. Tapping cannot effect a cure of the disease; the only object of so doing is to afford some temporary relief.

Dr. Conquest, of Liverpool, has published an account of many cases of hydrocephalus, where he claims to have performed paracentesis with great success.

Such changes, however, occur in the formation of this disease that it is impossible to expect a cure from any treatment. Changes take place in the brain itself. The cases are not seen by the physician until the brain is not only uncommonly distended, but actually shrunken, and there is a large accumulation of serum. The very force with which the bones of the skull are separated, enlarging the sutures, press them together at the base of the skull until premature ossification at the base of the skull is produced. Hence, after drawing away the water the bones cannot be pressed together, and there will, of necessity, be a cavity, because the brain cannot enlarge to occupy the space of the fluid which has been drawn off.

A cure cannot follow, and consequently there must be a reaccumulation of the water. It is hardly possible to conceive of any other result.

In addition to all this, the water is lodged underneath the arachnoid, filling also the ventricles of the brain, and, as in the arachnoid and in the cavity of the ventricles, there are several communications, when the water is drawn off, the middle part of the brain, may stand, as it were, almost by itself, with a cavity on either side.

The child is fat and well nourished. It still takes to the breast, a circumstance which is uncommon, when the disease has attained the extent it has in this instance.

There has been an eruption on the head and forehead, to which ointment of oxide of zinc has been applied. The child was given no medicine internally, but the top of the head was ordered to be rubbed with an ointment of a scruple of cadmium to the ounce of lard; the head has also been compressed by an elastic bandage. The mother says that in consequence the circumference of the head has diminished half an inch; but it is likely that it has increased in length equivalent to its diminution in breadth.

If the bones can be made to yield to com-

pression, there may be a possibility of doing some good by drawing off the water. By these means existence may probably be prolonged to some extent, and, therefore, the treatment by compression may be continued.

Some serum was drawn off by passing a delicate trochar, first obliquely at the lambdoidal suture, in the centre of the posterior fontanelle, behind the brain, so as to pass only through the arachnoid membrane. The water was allowed to flow but slowly, and when four ounces had been drawn the operation was discontinued. The serum appeared perfectly clear.

Dr. Brainard, of Chicago, recommends the injection of iodine into the cavity after drawing off the water, which operation he has repeatedly performed.

Dr. Pancoast mentioned a case from his private practice where the accumulation was so great that the child had not the power of sucking at the breast; after the withdrawal of a small portion of the fluid, thereby relieving the compression of the brain, the sensibility had been restored to some extent, the child having taken the nipple immediately after the operation.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

WEDNESDAY EVENING, Jan. 9th.

Dr. REMINGTON, President, in the Chair.

Subject for Discussion—PUERPERAL INSANITY.

Dr. JOSHUA H. WORTHINGTON introduced the subject by an allusion to the importance of the malady under discussion, and the remarkable dearth of authorities from which to obtain information. The principal authorities are Esquirol; Dr. Macdonald, of New York; Dr. Gundry, of Dayton, Ohio; and Dr. Marcé, in France.

The term "Puerperal" is not essentially significant as to the character of the symptoms or the type of the disease. Nor does it imply a dependence of the cerebral symptoms upon any sympathy with the child bearing state, or it would cease upon the termination of gestation.

He then alluded to the laws and customs of ancient Rome in relation to the moment of parturition. The proportion of insane to parturients is extremely small.

The puerperal state is divided into three periods, utero-gestation: the period extending from

delivery to the end of the second month, at which time the uterus has returned to its normal condition, and in women, who do not nurse, the menstruation is established; and, third, comprising the period of lactation, extending from the end of the second period to the point of time after weaning, when the first menstruation is accomplished. He would consider the disease as it occurs during each period.

1. Without enumerating the numerous caprices, etc., of pregnant women, and which are so well known to all obstetricians, he would merely mention some as showing the intimate sympathy between the pregnant uterus and brain. Dr. Marcé relates the case of a woman who became hydrophobic during the first four months of each of eleven pregnancies. The dread of water began to be manifest soon after conception, and became so excessive, that she could neither drink herself, nor bear any one else to do so in her hearing, and to cross a stream of running water was equally as bad. Caseaux mentions a young lady who, during her first pregnancy, felt an uncontrollable dislike for her husband, to whom she was tenderly attached, etc.

The liability to insanity in pregnancy is much less than during the period immediately following delivery. Of 783 cases of puerperal insanity, only 65 occurred during utero-gestation. The form is generally melancholic, and the causes, besides hereditary influence, are a depressed condition of the physical forces, and painful emotions. Some attacks terminate with delivery, and various authors mention such cases. A remarkable feature is the almost entire absence of suffering during labor, and, also, we find a great exemption from the usual accidents of parturition. When the disorder can be clearly traced to the state of the uterus, recovery may be expected when delivery takes place. But when it is the result of some shock to the nervous system, etc., the prognosis is more favorable.

Temporary insanity at the moment of delivery, in consequence of the accompanying physical suffering, rarely occurs; all obstetrical authors describe the agitation and anxiety of the moment when the head of the child is passing through the uterine neck, and it is not wonderful that an acute attack of mania should occasionally supervene. Notwithstanding the severity of such attacks, they are seldom followed by evil consequences, except such as result from the violence of the female against herself or her offspring.

The following case, by Esquirol, is suggestive of the considerations, in a medico-legal view, which may arise. The girl had made no secret of her pregnancy, and was all ready for her confinement. She was delivered during the night, and the next day the body of the child was found in the cess-pool, mutilated with a blow from a pair of shears. She confessed the

act without the least regret, and appeared entirely unconscious of having done anything wrong.

2. The period following delivery and extending to the third month, about which time, in those who do not nurse, the menstrual function is resumed, furnishes the greatest number of cases of insanity. Of 783 cases, 453 occurred during this period. The causes are such as belong either to the constitution or such as act upon the system from without, and may be called accidental.

After alluding to views formerly held upon this subject, he says the present state of knowledge leads us to believe that neither the suppression of the lochial discharge nor of the lacteal secretion has, necessarily, anything to do with the mental disorder, since, in many cases, the disorder does not appear until after the normal cessation of such discharges, that is about the sixth or seventh week, and in cases where the disease has appeared, no interruption of the lochial discharge has occurred.

As far as the direct results of labor are concerned, Marcé attributes puerperal insanity to the constitutional disturbance attendant upon the establishment of the lacteal secretion, and to the general shock to the nervous system, which is the direct consequence of labor. The condition of the uterus may next be considered. Valpeau says that part of the liquid contained in the substance of this organ must now return, more or less altered, into the circulation. Portions of membranes, etc., may be left in its cavity, and give rise to morbid action, and, finally, the equilibrium, which is about to be established, tends to impart a fresh shock to the nervous system. The causes connected with the physical condition of these women cannot be regarded as sufficient to give rise to insanity, since they are present in all, though not attacked with the affection. Hence, we must take into view the causes of general insanity, as a constitutional tendency, either hereditary or acquired. In 56 cases 22 were either descended from insane ancestors, or had collateral relatives who had been insane. This corresponds with the proportion of Esquirol, while Dr. Burrows found in eighty, more than half hereditarily predisposed.

All influences which tend to lower the standard of health and produce anæmia, may act as causes of the disease. Women who have had several children, and are exhausted by lactations, and labor under the strokes of poverty, are most liable. Among 57 patients, only 14 were primiparae, and of the remainder, 13 had passed through five, six, or even more confinements or abortions. Women are also more liable as they advance in years, and once attacked, they will be extremely liable in future confinements, requiring great precautionary measures.

Esquirol considers moral emotions as an important cause, but is opposed in this view by

Burrows and Marcé. The latter, however, attributes to fear, violent sorrow, etc., nine cases in a total of 66. Such causes are known to produce a large proportion of cases in the non-puerperal state, and their influence could not be expected to be less upon a puerperal female, than one in ordinary health. Cold, or neglect of any kind, may aid in its production.

Marcé regards the return of the menstrual flow as exercising an unquestionable influence in the causation of this malady, and relates cases to prove his assertion. Of 44 persons attacked during the second period, eleven became insane about the sixth week. The lesson to be drawn from this should teach the physician to regard this as a critical period, and, therefore, to use every precaution till it is safely passed.

Mammary abscess, difficult and protracted labors, uterine hemorrhages, puerperal convulsions, and the inhalation of chloroform, have been accused as causes, though many differences exist between authors on these points.

The symptoms of puerperal insanity at this period present no peculiarities. Generally, the lochial discharge and the lacteal secretion take place as usual, and the intellectual disorder is not different from that observed in ordinary insanity.

The only affection with which it is likely to be confounded is acute meningitis. Generally, however, the absence of fever, or other symptoms which indicate a grave physical lesion, will show that inflammation is not present.

The terminations of this form of insanity may be in recovery, incurability, or death. The first is most frequent. The other may be anticipated in cases where the affection is due to long-continued grief, care, or anxiety. Death generally occurs in chronic cases, by some affection of the lungs or bowels; in acute cases death most frequently ensues from what the French call acute delirium.

When mania is about to terminate in this form, the agitation and excitement daily increase, the tongue becomes dry, the digestive functions are impaired, the pulse increases in frequency, and soon exceeds 120 pulsations per minute; the face is flushed, the eye has a wild expression, and the skin is covered with a clammy sweat. The patient becomes the prey of constant hallucinations, wastes her strength in violent muscular efforts, and is scarcely conscious of surrounding objects. She passes whole nights almost without any sleep, and obstinately refuses all nourishment, but especially liquids. A striking peculiarity is the great terror constantly evinced by the patient.

If, in a few days, no improvement occurs, other unfavorable symptoms ensue, collapse comes on, and death speedily closes the scene.

These symptoms, however, may be prolonged for a considerable time, emaciation may go on rapidly, the urine and stools being discharged in-

voluntarily, and death occurs in one of many fits of syncope.

The anatomical lesions are disproportioned to the gravity of the symptoms. There is neither thickening of the membranes, nor alteration of the cortical substance, nor secretion of plastic lymph, nor any of the changes which ordinarily denote inflammation. There is generally, however, vascular congestion of the minute blood-vessels of the pia mater, and Dr. Calmeil considers the affection to be a true inflammation of the cortical cerebral substance, and has given it the name of *peri-encephalitis*.

3. The condition of females during lactation has been aptly called a prolonged puerperal state. The patient, according to Calmeil, is more nervous and impressible and accessible to morbid influences. Such patients may be attacked during the first six or seven weeks after labor, but such cases may be more properly regarded as belonging to the second period. Those which belong especially to this term, set in after eight or ten or more months of lactation, when the system has been exhausted by the long-continued drain. In a small number the malady commences after weaning. As a consequence of the exhaustion produced by lactation, some women are met with in a state of intellectual enfeeblement, the memory is slightly impaired, the ideas are confused, and the patient acts strangely. All the symptoms of anæmia are present, emaciation takes place, and the whole system is more or less disturbed. The milk may be diminished in quantity, or if it remains, the emaciation is more rapid, and shortly hectic fever supervenes. From this state she may pass imperceptibly into that of decided insanity, or it may suddenly be established by some emotion or error of regimen, etc. Mania and melancholia are the most frequent forms as a result of these causes. Generally the milk continues to be secreted, though it may be suspended in the midst of the excitement. Of forty cases, but six had suppression of this secretion, and another observer, Dr. Marcé, has never seen this occur.

A considerable number become insane immediately after weaning. Some are of a plethoric habit, and have borne lactation perfectly well. In such the sudden suppression of an evacuation, which has continued for many months, induces a state of plethora, which may end in disease. In others, though weakened by it, the system has become accustomed to the drain, and adapted itself to it. In these, precautions are necessary when weaning, to prevent the supervention of the disease.

The effort to sustain the menstrual discharge will have the same tendency, and the return of this function may be accompanied by such disturbance as to result in insanity.

The prevention of this affection, when threatened, will consist in instituting proper hygienic measures; avoiding every source of exhaustion; giving nutritious diet, espe-

cially when hemorrhage to any extent has accompanied parturition; and guarding her against excitement of any kind. When lactation is the cause, the child should be weaned, at the same time care being taken to prevent any other disturbances from arising by the accumulation of the milk. The same may be said of menstruation; great care is necessary to prevent exposure to cold until this function is re-established.

As in ordinary insanity, so we know so little of the lesions of this form that we are compelled to rely in forming our judgment of its nature upon our information as to the causes and circumstances under which it originates. Autopsies generally fail to show any sign of inflammation, though Calmeil, from his researches, has concluded that the acute form of delirium is an inflammatory disorder of the cortical cerebral substance, and yet he regards it as one not allowing the use of antiphlogistics. McDonald adopts a similar view.

For the treatment, various measures have been proposed, as blood-letting, tartar emetic as a contra-stimulant, warm baths, purgatives, narcotics, etc. All depletory remedies have proved injurious in the vast majority of instances. They have even been thought to confirm the disease in several cases.

In the commencement of an attack, it will generally be necessary to place the patient in a room partially shaded, kept as quiet as possible, and into which no one should enter except the necessary attendants. A warm bath, continued for two or three hours in the evening, will tend to allay nervous irritation and promote sleep. The bowels should be regulated by laxatives—continued, according to circumstances, till the digestive functions seem to be in proper order. Some gentle narcotic, as a combination of asafetida, hyoscyamus, and camphor may be given every three or four hours. The diet should be nutritious, but not stimulant, and may advantageously consist, in a great part, of new milk, given as freely as the patient can be induced to take it, or as the stomach will bear it.

If an increase of maniacal excitement should occur, the same treatment may be continued; but here, in consequence of the difficulty of controlling the patient and getting her to take food and medicine, confinement, as by means of the bed-strap, will become necessary; thus her strength will be husbanded, and the management be rendered easy and effectual. In many cases of acute delirium, the patient refuses food with obstinacy, and the oesophagus tube should be passed through the nostril, and milk, beef-tea, or other liquid nourishment may be passed at regular intervals.

If there be increased heat of the scalp, it may be removed by warmth to the extremities or a dose of laxative medicine, or cold to the head. Mustard pediluvia in the evening are

always of service, and blisters to the extremities have been found useful as derivatives. It sometimes happens that, with considerable mental anxiety, evidences of cerebral oppression will become apparent, the patient is conscious of everything about her, but appears to labor under difficulty in collecting her thoughts and in recalling the occurrences of the day; and, in attempting to do so, her mind becomes confused and the effort fails of its object. When such symptoms occur, in the absence of fever, a large blister, covering the entire scalp, has been found productive of decided good effects and relief to all the symptoms.

In presenting these remarks, he would conclude by saying that the opinions are such as he has formed after a careful comparison of the observations of those who have written on the subject, with his own experience.

Dr. DARRACH expressed his admiration of the term "puerperal insanity," because it is significant of the etiology and pathology of the disease under discussion, and also suggestive of its therapeutics.

The other terms, in the nosology of insanity, are less scientific. Mania and melancholia relate chiefly to the two opposite stages of excitement and depression; dementia, in its unrestricted use, means the sequela of insanity, the condition of senile atrophy, or the concomitant of congenital cerebral defect or of arrested cerebral development; monomania designates only specialities; and the recent and unconventional phrase "moral insanity," is only the materialist's notion of human depravity, which makes the world, in all ages, an insane hospital. These terms, he was satisfied, from observations in the insane asylums of this country and of Europe, and from his service in medical institutions, were hygienic, and more suited for the arrangement of patients than for pathology and therapeutics.

Not so the phrase "puerperal insanity." Here is signified not only the cause and effects, but their different localities—the latter in the brain, and the former in the uterus, and is suggestive of two indications in the treatment: the one, cerebral palliatives, to control the symptoms; the other, radical agencies, to restore the uterus to its normal conditions.

Before the pathology of morbus coxarius, vesical calculus, and membranous hepatitis were discovered, appliances were exclusively and vainly made upon the seat of the symptoms—the knee, glans penis, and shoulder.

Then may it not be that, in the treatment of puerperal insanity, there is unwisely the exclusive direction of medical appliances to the brain, and, owing to disregard of the causal word "puerperal," the omission of tonics to the reproductive organism.

To confirm this, he called to mind the three purposes of the animal organization, viz: by a nutritive organism to sustain life, by a sensor-motor organism to hold the relations of life,

and by a reproductive organism to perpetuate the species.

This last, the reproductive organism, is the compound of the other—the nutritive and senso-motor; thereby it not only accumulates arterial and venous blood, animal heat, and concentrates the force of both cerebro-spinal and gangliar systems, but also obtains a power of wonderful increment and of surprisingly sudden decrement. The genital system, the coeliac plexus, and the medulla oblongata are the nodes of vital force, and of them the first noticed is the most powerful. Its budding, at the onset of the third climacteric of life, affects our entire humanity, not only for our present but future state of existence. Our emotions, passions, faculties, and functions are thereby perfected, and, after seven years' training, are fit for full operation.

If, then, this compound organism exercised, in its normal state, an empireship for good, what, when diseased, must be the extent of its influence for evil? Of this, a mere page is afforded by the primary, secondary, and tertiary stages of syphilis, with its horrid and multifiform sequelæ and catenations; another page is afforded by consanguineous marriage; a third is that from erotism. To this, as throwing light on the therapeutics of puerperal insanity, he would direct attention.

The form of erotism most allied is that of erotic mania. A case in illustration, which he cited, was that of a colored prisoner of the Eastern State Penitentiary, in the year 1837. The watchman reported him walking his cell all night, out of his mind. When visited medically, he was found standing in a fixed position, regardless of things and persons, and gazing up at the arch of the cell, and his eyeballs in quick and constant motion; his muscles were tremulous, the pulse was relaxed and reffluent, and his food and bed at night were neglected. The cold, damp hands, which Dr. D. discovered subsequently to be pathognomonic, was a symptom which, in this first case, was unnoticed.

The case, though peculiar, was, nevertheless, diagnosed to be somehow mania a potu. A second and third case, and subsequently several additional cases, occurred; and there had been, previous to his service in the institution, similar cases which, indeed, had been prejudicially reported as cases of direct mental insanity, induced by the separate system of imprisonment.

Neither this nor intoxication was the cause, for, with few exceptions, the cases were among the debased negro prisoners without intellect, and who had been without rum for several months. The cause was masturbation; every other sensuality being debarred they indulged in this the more. The damp cold hands which Dr. D. had noticed in cases of erotism and leucorrhœa he, in time, discovered to be a constant symptom in not only these prison cases of in-

sanity, but also in erotic cases of his private practice. In these the coldness and dampness was always associated with a purplish red color and torpid capillary circulation of the back of the hands. This may be regarded as a pathognomonic symptom, and need not be confounded with the blue cold hand of heart disease nor that of chronic dyspepsia. It is associated with depressed emotions, indecision, mental debility, and hallucinations, and, in some cases, terminating in tabes. This sad condition comes on with the impotency which results from the inordinate emissions, and may properly be regarded as the second or cerebral stage of erotism, in which all the phenomena of the disease are in the cerebro-senso motory organism, whilst, nevertheless, the actual lesion is in the reproductive-organism, and in the male may most likely be found to be a congestion of the vesiculæ seminales, resulting from indirect debility, and tending to atrophy and sterility.

From among the many such instances on his office case book he cited that of a talented youth recently admitted, with much promise, to the bar. "Oh, doctor!" he exclaimed, in a feeble and tremulous tone, "I'm unfit for business! I'm going crazy! Everything agitates me, and the future is dark and foreboding!" Here, associated with muscular tremors, relaxed, reffluent pulse, anorexia, wakefulness, restless eyeballs, Dr. D. noticed the characteristic cold, damp, purplish-red hands, with the torpid capillary circulation.

This marked symptom diagnoses the verge of erotic mania, which was confirmed by a confession of an extreme practice of masturbation, which was now followed by a total absence of erections and emissions.

The cerebral symptoms Dr. D. disregarded, as shadowy consequences of the substantial disease of the genital system.

The sole indication, therefore, was restoration of the reproductive organism from its state of indirect debility. The suggested means were chalybeates, bromide of potassium, and a diet of oysters and such like phosphoric food.

The benefit of this treatment was soon manifest, and in a few weeks he was restored to health and business. In regard to the bromide of potassium, Dr. D. remarked that his attention had been called to this agent by Dr. James Darrach, who had successfully used it in a similar case, and who refers the primary use of the article in genital complaints to Trousseau.

Regarding bromide of potassium as a specific tonic to both the male and female organs of generation, Dr. D. has, for sometime, and in many cases, administered it successfully in too partial and too abundant menstruation, in leucorrhœa, and in various degrees of the indirect debility above noticed of the male organs of reproduction.

As regards the use of phosphoric diet, its efficiency is not only supported by many cases in his own practice, but by the successful prac-

tice of the dry phosphoric acid in the practice of his friend, Dr. Frické, and by the testimony of Dr. —, that a husband and wife who were without issue for several years, eat daily of the head of the boiled rock fish, in accordance with medical advice, and conception, full gestation, and a safe birth followed, and in due time occurred a second birth. How far the bromide of potassium may be an important adjuvant, is left for future practice to determine. The formula which he has always used is:

R. Bromide Potass. ℞ij.

Aq. Cinnam., fʒij.

M. ʒi. q. t. h.

Taken on the empty stomach, an hour before ordinary meal time, and at bed time.

In view of the above remarks he would, in conclusion, say that in puerperal insanity the uterine treatment, respectfully suggested, is intended as an addition to, and not a substitute for the cerebral treatment. At the same time, in respect to this, it may be well to question the benefit of the antiphlogistic treatment, and if, indeed, revulsives of a proper kind to the feet and the use of valerian would not be more efficient. In one case in his practice, with the advice, in consultation, of Dr. Meigs, it was, after various vain efforts, the finally successful treatment. The strong infusion of valerian was administered in the fluid citrate of potassa, every two hours. After two days' use the patient, who for days had contracted an aversion to her best friends, imagined each coming inspiration to be her last, and imperatively taxed her nurse day and night to constantly fan her, was restored to sleep and appetite and normal emotions and mind.

Another concluding remark. If, said he, the genital system be a cause of insanity, so is the liver and stomach. In regard to the liver, the term *melancholia* shows that the ancients were well aware of an abdominal origin of disordered mind. And in respect to the stomach the cases are numerous. Among those in his practice was that of an intelligent lady, whose life consists of alternate periods of extreme dyspepsia and destructive insanity. Whilst under the cerebral form of her disease, the stomach is healthy; she feeds with appetite, sleeps, and accumulates flesh; but when the mind is right, she becomes a miserable dyspeptic and emaciates.

Here, then, he remarks, are presented puerperal, erotic, gastric, and hepatic causes of insanity, which may be considered as species under the genus, *reflexinsanity*.

Dr. GEO. HAMILTON, observing that as one of the most important and difficult points in the treatment of "puerperal mania," was to procure sleep, requested the lecturer, or other members to state, in case of the failure of hyoscyamus, asafetida, etc., (recommended by the lecturer for this purpose,) what have been the effects of opium, or its preparations, and

to what extent they had employed it in these cases.

He said that in asking the question, in reference to the employment of opium, or its preparations, in the disease under discussion, he was fully impressed with the conviction, that the procurement of sleep was, undoubtedly, one great (if not the chief) point to be attained in the treatment of "puerperal mania." It had not occurred to him that opiates, or other medicines of similar character, when successful in producing sleep, were to be viewed as merely palliative, but curative in their action. He concurred in the views of the last speaker, and those of Dr. Darrach, as to the important part performed by influences emanating from the reproductive system in the production of this malady. If these views be well founded, irritation, peculiar to these parts, and, probably, peculiar in kind, acting upon the brain, and general system of nerves of a subject, hereditarily disposed to insanity, or of an extremely sensitive and impressionable temperament, lies at the base of these attacks generally; or it is highly probable that many cases, possibly the greater number are dependent on moral emotion as their *primum mobile*, quickly bringing into action the sympathies of the generative system, not yet fully restored to its normal condition. In either event, the disease is evidently one of irritation, implicating especially the brain and reproductive system. The suddenness of many of these attacks, the depressed condition of the vital force so often seen, (the consequence of hæmorrhage, or other exhausting agencies during labor, or at the moment of parturition,) the sudden cessation, from time to time, of all the maniacal symptoms, and their equally sudden re-appearance, preclude the idea of inflammation, unless of a low grade, and consecutive in character, the result of protracted and excessive irritation. In the treatment of puerperal mania he had but little experience, the disease being comparatively infrequent. Bleeding generally, or even locally, was, as a rule, no doubt justly proscribed. Purging, unless for the removal of accumulated or unduly offensive fecal matter, was, with perhaps equal propriety, rejected; as from the operation of various causes (an unwillingness to take food being a common one,) the tendency of the system is to a depressed condition of the vital forces, and finally, exhaustion. The supporting plan of treatment, as recommended by the lecturer, was, doubtless, the most useful. The difficulty of carrying out this measure, however, is often extreme, especially when the attack supervenes, as it often does, in from the sixth to the tenth day after delivery. When the affection is strongly developed, if the subject possess but moderate strength of endurance, and if, during or immediately after parturition, her vital force has been much impaired, not many days may elapse ere the signs of fatal exhaustion may

appear. Independent of the want of nourishment from inappetence, or obstinate refusal to take it, there is nothing so exhausting as the loss of sleep, by night and by day, accompanied, as it so often is, by the most violent muscular exertion, in attempts to leave the bed, or otherwise. In addition to this, the intellectual and other faculties of the mind are, under such circumstances, unceasing and inordinate in their action; thus increasing greatly the expenditure of vital power. The influence of such agencies in finally accomplishing the destruction of the patient is plainly seen in certain other somewhat analogous conditions of the brain and nervous system, as in "delirium tremens," or in particular stages and types of "idiopathic fevers."

These considerations, coupled with reflections arising from the perusal of detailed cases, and a very limited personal experience, had convinced Dr. H. that whenever opiates or other medicinal agents, were capable of procuring for the patient from four to six consecutive hours of sleep, and this for several days in succession, they would conduce more to the relief and ultimate recovery of the patient, than any other medicinal agency. In a large proportion of such cases, the patient, after sleep, is found much more tranquil and manageable, and likewise more willing to take food, which, if it be of a light, nutritious, and gently stimulant character, will do much towards recruiting and equalizing exhausted and perturbed vital force.

Dr. HAMILTON observed in reference to the remark of the lecturer, that he had known cases of "puerperal mania," in which sleep occurred as usual, without moderating, or apparently abbreviating the course of the disease. Dr. H. said these were evidently of a pathological character, exceptional to the class he had alluded to.

Dr. LEVICK believed that sleep was an important means of restoration to health. In some cases which had come under his observation, this was best obtained by means of laudanum enemata, and where these failed, by the application to the back of the neck of a blister, and by dressing this surface with a grain of the sulphate of morphia. Dr. L. would inquire of Dr. Worthington if it were not preferable that patients suffering from acute puerperal mania should be treated at home, rather than subjected to the fatigue and exposure incident to their transportation to public institutions. The cases seen by Dr. Levick were most benefitted by wine whey, nutritious broths, and the use of opium as before mentioned.

(To be continued.)

At the annual meeting of the New York Pathological Society, Dr. A. C. Post was elected President; Drs. T. C. Fennell and D. S. Conant, Vice-Presidents; Dr. George F. Shrady, Secretary; and Dr. Wm. B. Bibbins, Treasurer; for the present year.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

A PRACTICAL TREATISE ON THE ETIOLOGY, PATHOLOGY, AND TREATMENT OF THE CONGENITAL MALFORMATIONS OF THE RECTUM AND ANUS. By WILLIAM BODENHAMER, M. D. Illustrated by sixteen plates. New York: S. S. & W. Wood, 389 Broadway. 1861.

This is the only complete monograph on the subject in any language. The extensive collection of cases, with the immense bibliographical reference presented, and the evident study which the author has given to the subject, show it to be a truly exhaustive treatise. The production of such monographs on limited specialties, is the best illustration of the present high development of surgical investigation, and of the earnest labor which is being expended in aiding true scientific progress. This work is, in its way, we think, entitled to rank with the great monographs of La Roche, Gross, Flint, and others, whose labors have done much credit of late to American medical literature.

If there is at this time a prevailing characteristic of surgical literature, it is in the gathering up the scattered and stray materials which journalism has so abundantly recorded, and making practical deductions from them. Matters which, when first recorded, make but an ephemeral impression, and then sink in the forgotten past, are now being exhumed, and, when arrayed with their analogues, help to rear the structure of exact surgical science.

The labor, in this instance, of collecting the scattered material from every language of civilization, has been very great, some of the literature being of Greek, Roman, and Arabic origin; yet the author has done much more than merely to compile from records by the expression of his own views, and the presenting of his own considerable experience.

The reader will, perhaps, be surprised to learn that the author has collected nearly three hundred cases in illustration of the subject, yet we are aware that still more might have been transcribed. It is probable, as is not unfrequently the case with our collators, that they have sought abroad for that which might have been as well supplied to them at home, and, as in this instance, have had escape their notice matter on the subject published in American medical journals.

The methodical division of the work, which so facilitate study and reference, is an excellent and commendable feature, and the index—that much-neglected finale of books—seems sufficiently full to make the entire contents accessible.

The lithographic plates are all that can be desired for illustration of the subject.

We hope, for the benefit of humanity and

the credit of the author, that the work will be in extensive demand. Every practitioner is liable to meet with these congenital defects, and as prompt recourse to operative procedure is almost always essential to save the life of the child, all should be forearmed by the possession of this valuable monograph. The operations which may be needed are simple and readily performed, and every one, with the confidence in his resources which may be obtained by such a knowledge of the subject as can be obtained from this work, may be prepared to save a life, where, otherwise, death would be inevitable.

Beside its immediate practical value, the effect of this work will be to call attention to a neglected subject, and presenting, as it does, all the known data, will be a groundwork on which further observation will be based, and a stimulus to the physiological and pathological study of these unfortunate deformities.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 2, 1861.

THE BEARD QUESTION.

The *British American Journal*, devoted to the advancement of the medical and physical sciences, etc., etc., published monthly at Montreal, opens the new year with a leader, in which it advocates smooth faces, and boldly climbing up the many-striped pole, unfolds the flag, upon which we behold the razor, the strap, the mug, and the brush in graceful emblematical proximity.

Our excellent cotemporary speaks of the "MEDICAL AND SURGICAL REPORTER OF NEW YORK,"—of the "NEW YORK REPORTER,"—of our "esteemed NEW YORK COTEMPORARY,"—all the time—good, honest soul—alluding to us! We have exchanged a considerable time with our anti-capillary friend, and might expect he would at least know our whereabouts. But never mind! We cannot expect our foreign friends to be posted as to the difference between Philadelphia and New York. On a small map they are sufficiently close together to excuse, if not warrant, a mistake. Beside, we feel highly flattered by this incidental proof of the cosmopolitan character of the REPORTER, though, we must confess, we have not yet reached that generality of geographical know-

ledge apparent in the following sentence of the *British American Journal*:

"We learn from the *American Medical Times*," says the *Journal*, "that Prof. Torrey has made a donation to Columbia College, New York, of his large herbarium, etc., etc., containing specimens of the Flora of America, Europe, Asia, Cape of Good Hope, Australia, and many other places."

Among these "many other places," undoubtedly, is the *Isle Jesus* and Africa.

But, to return to the great question of BEARD OR NO BEARD, there can be no doubt that the growth of hair on the face, as well as on the head, has its physiological uses. If our cotemporary will only take up "*Punch*," that most faithful portrayer of English life, he will find the smoothly-shaven Englishman, wherever represented, in rain, snow, or storm, with a thick, checkered wrapper around the neck, extending to the chin, cheeks, and covering the mouth completely; in fact, while he pays his barber to rid him of nature's useful ornament, he, at the same time, pays for artificial whiskers, moustachios, and beard, but which, after all, are but horrid, muffled apologies for what nature has provided.

Aside from this, however, a great deal of time is lost in this foolish practice of correcting nature. There can be no decent shave short of fifteen minutes, including all the pre- and post-liminaries. This makes nearly four days, or *nine working days* in a year, and supposing there are in the United States four millions of shaveable persons, and supposing them all to shave according to the advice of our cotemporary, the aggregate loss to the community would be thirty-six millions of working days, or 98,630 working years PER ANNUM, nearly enough to employ four thousand men for twenty-five years toward building a Pacific Railroad. Or, to bring the matter down to dollars and cents, calculating only a dollar a day as wages, the annual loss by shaving, not calculating soap, razors, and barber's profits, but simply the loss of time, would approach thirty-six millions of dollars, an amount sufficient, under an economic administration, to defray fully one-half of the annual expenses of our government.

But, aside from this enormous expense im-

posed upon the community that men may have smooth faces, and look like boys and women, there are physiological objections against shaving, to some of which we will call attention.

In the first place, it is well known that shaving stimulates the growth of hair most decidedly. In habitual shavers we generally see it grow at least a line in two days—one hundred and eighty-three lines in a year—fifteen inches. Few men's beards will grow to one-half this length in that time; consequently, whatever force of circulation, of innervation, of primary and secondary metamorphosis is necessary to produce that artificially stimulated growth, so much is the shaving individual abnormally and unnecessarily taxed in his heart, his blood, and his nerves. We have, of course, no data by which to calculate this loss positively. But that there is a loss, by this superimposed taxation upon the system, there can be no doubt. It is not, however, simply loss of the hair, but also the continual irritation of the skin by this process, which must necessarily react upon the system. If of 60,000 daily pulsations of the heart only one hundred pulsations are necessary to carry on the metamorphic processes and supply the expenditure caused directly or indirectly by the unnaturally stimulated growth of beard, leaving 59,900 pulsations for all other growth and processes of nutrition, etc., it will give us 36,500 contractions of the heart in the year, or 1,095,000 in thirty years (a generation) of shaveable life—equivalent to eighteen days; in other words, the tax upon the system by shaving would shorten life eighteen days; this, multiplied by the figures of a shaving nation of thirty to forty millions, reckoning four millions of shaveable individuals, amounts to a loss of about 200,000 years during the period of thirty years, usually allowed for one generation; or 6,666 years per annum.

It might, however, be objected that this superimposed taxation upon the system does not really shorten life, but only necessitates the ingestion of more material to supply the waste. Granting this, for argument's sake, it only throws the loss back upon the supply of material,—and any one can readily compute it for himself.

We have thus far spoken of the practice of shaving only as it affects the community, and in its general, economical, and physiological bearings. But there are other, more special, considerations against this practice, and in favor of the natural growth of beard.

The continual daily use of the razor in denuding, exposing, and irritating the skin of the cheeks, and lower maxillary and upper cervical regions, deadens the sensibility of the cutaneous nerves, and, in this way, by lessening their power of exciting reflex action, destroys that vivacity of the countenance and play of features, which is natural to man as an emotional being. It has been well said that there is more expression in a beard than in a smooth face. Contrast the vivid play of features and expressive vivacity in a full-bearded German or Frenchman, with the cold, stolid, paste-board look of a daily-shaving Englishman, when under the same emotional influences; or observe the quick, healthy blush of the cheeks, apparent even through the beard of an Italian or Spaniard, when under the same circumstances the dullness of partial paralysis overhangs the victim of the barbarous custom, and his very emotions only betray themselves in grimaces.

The fact will be apparent to all who choose to inquire into the subject, and to none more than to those who daily torture themselves with the razor, that the process of shaving produces temporary or partial anæsthesia of the cutaneous sensitive nerves. When you feel your cheeks and chin with the hand, after every vestige of manliness in the face has been hacked out almost by the root, do you not feel as if the cheek did not belong to yourself but that you were feeling over some old parchment? And is not the anæsthesia produced such that you do not even feel that your face has been cut until your fingers are besmeared with blood? Are we not justified, then, in asking, why should man thus waste time in a practice which spoils his manly looks, dulls the expression of his features and makes them grimaces, while it permanently destroys the sensitiveness of the cutaneous nerves involved?

But, beside this, the natural growth of hair on the cheeks, lips, around and under the chin,

serves as a protection to important parts underneath. The vocal apparatus, we all know, is very readily affected by sudden changes of temperature, by too rapid evaporation of the perspiration, or by a continuous draft of air around the parts, in the same way as toothache, rheumatism of the neck, or shoulders, and tonsillitis often arise from the same causes. The injurious effect of the removal of this protection, even in midsummer, is observed, in nine cases out of ten, in the huskiness and hoarseness of the voice, when your friend has "caught cold" after having shaved off nature's "comforter."

The objection that women have no beard, and the conclusion often drawn from this fact, that it cannot be intended by Nature for protection, has been shown by Dr. Hunt to be superficial and fully explained by anatomical considerations. The larynx and trachea in the female are deeper seated, and a more abundant layer of adipose tissue offers a protection analogous to the beard in the male, while it is a very curious fact in the comparative physiology of individuals, that naturally fat men, as a general rule, have less beard, and *vice versa*. Look at the sophomores of a college, and pick out the "fat boys" of the class, and you will find that their leaner companions of the same age are far in advance regarding capillary development.

Another reason sometimes urged, and one which our Montreal cotemporary adduces to show that beard is not important as a physiological means of protection against cold, is that it is the distinguishing feature only of the male part of the Caucasian race, and as it is not found among the Esquimaux, the Laplanders, the Kamschatdales, the Tartars, and other races inhabiting the Arctic regions, that therefore this argument must fall to the ground. It seems to us quite to the contrary. The injurious effects of cold are not manifested where the temperature, though very low, retains a more or less uniformity throughout the year. It is the extreme changes, and more than this the sudden changes in the temperature, with their accompanying changes in the hygrometric state of the atmosphere, that affect the health in

various ways. Hence it is that the Caucasian race, inhabiting countries where the heat of the summer sometimes vies with the tropics, and the cold of the winter with that of Siberia, and where the meteorological changes are characterized by suddenness as well as extremes, and a race, which is itinerant, emigrating, colonizing, active, *par excellence*, should have been supplied by Nature with a protection which other races do not need, because they are not subject to the same influences. It is not as a colorific that the beard is claimed as a protective against cold, as our cotemporary assumes, but as a natural *equalizer* of heat and cold in the sudden changes of temperature. And, hence, we claim that there is no country in which the plea for beard is more timely than here, where these influences are intensified; where movement, action, exposure, form our very life-element; where, to-day, we get into cars, muffled up in overcoats and shawls, to land, in a few days, where linen coats and straw hats are quite comfortable.

The only argument which our Montreal colleague advances in favor of shaving, is cleanliness. Can a man not be clean without shaving? And is not, in many cases, the smoothly-shaven face but a shining surface—a polished boot, with a dirty stocking inside? Does it follow, because a man shaves every morning, that he keeps the rest of his body clean? Or, is it not often the case, that the latter is neglected at the expense of the razor? Or, are we to consider beard, hair, intrinsically unclean? Then, the sooner we shave our heads the better, and we suggest that our excellent cotemporary begin by immediately adopting the practice of our Japanese colleagues.

Much more might be said on this question, which is by no means an unimportant one. It has its economic, social, and physiological bearings; there is an æsthetic side to it as well as a domestic, and—shall we say poetical? Can you see a child, all joy in playing with the beard of its grandfather, whitened by the snow of life's winter, without contrasting the scene with one where a smooth, old parchment face, with leathery wrinkles, offers to the little curly-headed urchin not the hair-breadth of a chance

to steal himself into the old man's affection, and to pull the bell-ropes which might awaken the sounds of memory's pleasant dreams?

So much for beard!

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The fifty-fourth annual convention of this institution will be held in the city of Albany, on the 5th day of February (the first Tuesday) next, and continue until Thursday. These meetings, of late years, attract a large attendance, and are the occasion of much interest to the profession throughout the State and country. The society exerts a wholesome and conservative influence on the profession, and the public also. Few of its members ever wander into the ultraisms of the day, while most of them are pressing forward into the new fields of medical knowledge, with commendable energy. While its members are stimulated to extend and sustain the high reputation the society has acquired, the institution is becoming more and more to the public a safe-guard from the imposition of those who would pander with the public health.

Papers of interest will be brought before the next meeting, and a full synopsis of its deliberations will be laid immediately before the readers of the *REPORTER*, which, since its weekly publication, has always been first in securing these to the profession.

A delegation from the Connecticut Medical Society has been appointed, and is expected to be present, and we hope to see the day when these mutual delegations will form a strong bond of union between the State societies.

Physicians about to visit Albany, will find it of interest to make this the time of their visit.

The annual address will be delivered in the capitol, the Assembly Chamber, on Wednesday evening, the 6th inst.

SPIRIT OF THE MEDICAL PRESS.

The *Medical Journal* of North Carolina begins its new volume, published at Raleigh, with the January number, under the editorship of CH. E. JOHNSON, M. D., and S. S. SATCHWELL, M. D., Dr. Warren, the former editor, having removed to Baltimore.

Its opening editorial states the object of the Journal. It is "not an individual enterprise, but a work instituted by the Medical Society of the State of North Carolina for the inculcation and dissemination of scientific principles in the practice of medicine, and for the promotion of the general interest and welfare of the regular profession."

The initial number of the Journal, under its new management, speaks well for the latter, and we wish our new colleagues the best success in their undertaking.

In regard to the granting of diplomas, the same Journal has the following remarks:—

"We have copied from the number of the London *Lancet* for November, 1860, an article upon this subject, showing what little importance the English, after a while, will place on the diplomas granted by Medical Colleges in this country. It is of value also to North Carolinians, as showing the wisdom of the General Assembly of this State in establishing a State Board of Medical Examiners, whose duty it is to assemble on the first Monday in May, in each and every year, and examine all applicants for license to practice medicine in the State, and according to law, without regard to the diploma. They have followed, in this respect, the good example of the Army and Navy Boards of Medical Examiners for the United States. In these arms of the public service, an applicant for surgeon's or assistant-surgeon's place, with a half dozen diplomas in his pocket, will be required to stand the same examination with him who has no diploma."

This subject cannot too often be referred to. The time will and must come when the example of North Carolina in this respect shall be followed by all the other States. For this object let us all work harmoniously.

Correspondence.

BOSTON CORRESPONDENCE.

THE BED CASE.

Boston, Mass., Jan. 24th, 1861.

I send you, according to my hitherto forgotten promise, Dr. Channing's "Bed Case." It certainly is worth reading, and those of the Doctor's friends, who know of its publication, will, undoubtedly, like to procure copies of it. It is got up in pamphlet form by Ticknor & Fields, of this city. The same subject has been treated to a less extent by Gooch, in his papers on the Diseases of Females.

Dr. Channing's paper is the history, etc., of

that class of cases which every physician has at times under his care, in the persons of those who travel from one end of the country to the other in search of the last new quackery, for whom no humbug is too gross to believe, no medicine too horrible to take, and who settle down into the contemptible position of interesting invalids. Were it not for them, homœopathy and spiritualism and mesmerism would lose one-half their admirers; sympathizing friends and tender parents would lack one-half at least of the objects of their admiration, and a great many husbands would stay at home evenings.

But what is the Bed Case?

"This affection gets its name from a symptom. Its subjects LIVE IN BED. They may be taken up daily, weekly, or monthly. But not as others take themselves up, to stay up, and to live up. They are taken up mainly to be put into bed again; or, in other words, to have the bed moved and made anew, that it may do the most and the best for its patient tenant for the four-and-twenty hours next ensuing. Few things would strike the observer more than the cheerful endurance of exile from the outward world, its enjoyments, its excitements—did he not see in it intellectual and moral features which are often singularly attractive. It is a life entirely by itself. It is an experience which nothing but itself presents. It is a whole life, and yet the most unchanged of all lives. The patient does not go from the blue room to the green one—that change of place which figures so largely in an old novel. The chamber, on the contrary, is the whole and sole home—the journey is from bed to chair. The business of life consists in being taken daily out and put back into the same two places, the bed and the chair, and which at length become as one, the difference being too slight to raise a suspicion that they are other than the same.

"Its physiognomy is peculiarly striking, so that he who has once really seen it—for many observers do not see what they look at—he or she who has seen a genuine Bed Case will hardly fail to recognize it, even under the various and seemingly different phases which it may present. It repeats itself in a thousand cases, and though the remark will be again and again made, 'How strange all this is! why does not Miss or Mrs. Blank get up?' etc., etc.—he who makes it does it often only from habit, or from as common a motive, viz: that it is easy to say it as anything else."

The Bed Case every physician will recognize. It is unpleasant, but one is forced to believe that a large part of the business of some practitioners consists in making such cases. To cure them requires, first, the power to diagnose, and, secondly, pluck. He who does not possess both will find, after years of untiring devotion to some interesting female, that some new humbug, with perhaps less pleasing manners even than his own will step in, and in a

few weeks carry off the prize. Why, one woman has been cured for the third time of this terrible disease, by a third practitioner now in this city, and who will, doubtless, live to be cured by three more, and give to each her usual present, in addition to his fee.

One cannot quote sufficiently from this paper without quoting the whole, if he would give a fair idea of it. It is short, and worth every physician's while to read it.

Obstetrical Society.—We have just established in this city "The Obstetrical Society of Boston." Its object is "to cultivate knowledge in all that relates to obstetrics and the diseases of women and children." The officers for the first year are as follows:—Dr. Walter Channing, President; Drs. D. Humphrey Storer and Chas. G. Putnam, Vice-Presidents; Dr. Wm. Reed, Recording Secretary; Dr. Benjamin E. Cotting, Corresponding Secretary; Dr. Chas. D. Homans, Treasurer; Drs. Charles E. Buckingham, Anson Hooker, James M. Phipps, and John P. Reynolds, Prudential Committee. The meetings will be held bi-monthly.

Yours truly,

C. E. B.

NEWS AND MISCELLANY.

Syphilis in the Fifteenth Century.—At a recent meeting of the London Epidemiological Society, Prof. Simpson, of Edinburgh, read a paper on the appearance of syphilis in Scotland in the last years of the Fifteenth Century.

The following are some of the edicts issued by the authorities, when the disease, as it seems, had been diffused by infected troops:

By the Aberdeen edict it was "statut and ordanit, that all licht wemen be chargit and ordanit to decist fra thar vices and syne of venerie;" and a few years later, "that diligent inquisition be taken of all infect personis with this strange sickness of Nappellis."

The Edinburgh edict was six months later in date than the first of those issued by the Aberdeen authorities. It was, as already stated, drawn up by the King's Privy Council, and proceeds thus:—"It is our Sovereane Lordis will and the command of the Lordis of the Council, sent to the prowost and bailies within this burgh, that this proclamation follow and be put into execution for the eschewing of the great apperand danger of the infection of his lieges fra a contagious sickness callit the Grandgore, etc.

"That is to say, we charge straitlie and command that all manner of personis, being within the fredome of this burgh, quhilk are infectit, or has been infectit and incurit, of this said contagious plage callit the Grandgore, devoyd, red, and pass furth of this town, and compair upoun the sandis of Leith, at ten houris before none, and thair sall have and synd botis reddie in the

haven ordainit to thame, be the officary of this burgh reddilie furneist with victuales, to have thaim to the 'Inch,' and thare to remain quhile God provide for their health."

The edict further ordains that those who take upon them the cure of the disease are also to pass with the "infectit" to the "Inch;" and disobedience of the edict on the part of the doctor or his patient rendered both alike amenable to the penalty of being "brynt on the cheik with the 'marking irne,' that they may be kenit in time to cum."

At the time of the first appearance of syphilis in the northern realm the throne of Scotland was occupied by James IV., a prince who was a great patron of the arts and sciences of his time. At different times we find him experimenting in chemistry, in physiology, and in medicine. His daily expense books contain many entries of purchases for instruments and materials to make the unmakeable "quinta essentia," or philosopher's stone; and he had laboratories for these investigations both at Edinburgh and Stirling. King James practised the art of leech-craft, as well as experimented in alchemy and physiology. He was, says Lindsay of Pitcottie, "weill learned in the airt of medicine, and was ane singular guid chirurgiane; and thair was none of that profession, if they had any dangerous cure in hand, bot would have craved his adwyse."

The High Treasurer's account shows that the king had a right royal way, in one important respect, with his patients, that by it he might have secured a large consulting and private practice, even in these modern days of high rivalry and competition, for he paid his patients, instead of being paid by them. Thus, in his daily expense book, under the date of April 14th, 1491, is the following entry:—

"Item, to Dominico, to gif ye King leve to lat him blud," 18s. Scotch; and, a short time afterwards, "Item, to Kynard, ye barbour, for twa teith draun furth of his hed be ye King, xviii. shillings."

The Clinics at the hospitals and colleges continue to be of extraordinary interest during the present session. Perhaps the material presented has been before unequalled. This is, doubtless, partly owing to the financial troubles which force an unusual number to seek eleemosynary medical aid, but more to the wearing away of the prejudice and sensitiveness which once existed in opposition to being treated before medical classes.

The Latest Pathy is the Movement Cure, about which a volume has been published, and an institution for its practice opened in New York City.

Pennsylvania Hospital.—Dr. A. Hewson has been elected a surgeon to this hospital.

Arsenical Poisoning.—A remarkable case of poisoning by arsenic was tried at the Durham Assizes, in which it was proved that the accused person, the wife of the deceased, purchased a quarter of a pound of arsenic, ostensibly to cure her husband's toothache. It was sold to her labelled mercury. He died shortly after taking some medicine which she administered, exhibiting symptoms of arsenical poisoning. In his stomach was found 150 grains of arsenic. It was proved, on the one hand, that she had contemplated her husband's death; but it was proved also, on the other, that the deceased was in the habit of using the "mercury"—that is to say, the arsenic, for his teeth, and that she had seen him put a quantity of it into a lucifer box, and take a spoonful from it, into which he dipped his finger when he had wetted it, and rubbed it into his gums. The teeth of the deceased were proved to be very much decayed, but no irritation of the gums or sign of the recent application of arsenic appeared. Of course no conviction could follow after such evidence.—*Dublin Med. Press.*

Expulsion of Fetus in its Membranes.—Dr. BALDWIN, of New Brunswick, reports in the transactions of the State Medical Society of New Jersey for 1860, a case of labor at seven months, in which the fetus, placenta, and an unruptured bag of water, were expelled together. The circulation through the placenta continued for twelve minutes after birth. The pulsations of the cord were not found to correspond in frequency with those of the fetal heart. There was no bleeding from the maternal side of the placenta.

New Remedy for Sick Stomach.—Dr. HALSEY, *ibid.*, reports the case of a robust man, aged 25, "who was taken with violent pain in the bowels and 'sick stomach.' The usual remedies affording no relief, the doctor, as a last resort, ordered him to 'turn somersaults over the floor.'" This singular expedient immediately restored the patient. Was it intussusception or blind hernia? the doctor asks.

Climate of Pekin.—Sir John Herschel states that in the climate of Pekin the winters are, on an average, ten degrees colder, and the summers nineteen degrees warmer, than in London. The annual amount of rain is about one-twelfth greater. The temperature of solar exposure is of course very great in summer.—*Dublin Med. Press.*

Army and Navy.—Passed Assistant-Surgeon B. Rush Mitchell has been ordered to the Navy Yard at Philadelphia. Assistant-Surgeon John Campbell, from Plattsburg, ordered to Fort Hamilton.

Florence Nightingale continues in feeble health, and, it is thought, will not recover.

A Midwife Committed for Manslaughter.—An inquest was held on Saturday, at the Three Tuns Inn, High street, Dudley, before Brooke Robinson, Esq., coroner, touching the death of a married woman, aged 40, named Rosanna Westwood, who met with her death from improper and violent treatment on the part of a midwife named Rosanna Weobley. The case is rendered more painful on account of the unfortunate deceased having been deserted for above three months by her husband.

Elizabeth Lawless, a widow, residing in Vicar street, Dudley, said she knew the deceased, who resided with her. She was a married woman, and her husband is living. On Monday, the 17th inst., she was taken ill, and the woman Weobley was sent for on Tuesday morning. Deceased asked her (witness) to send for Mrs. Weobley. Upon her arrival, she asked her if it was all going on right, and Mrs. Weobley said it was. She remained with deceased till six o'clock on the Tuesday evening, and witness then thinking, from the suffering of deceased, that all was not right, sent for a medical man. Mrs. Weobley was agreeable for a medical man being sent for. Witness then went to Messrs. Johnson & Horton's surgery, and Mr. Rowton returned with her. Upon seeing Mrs. Westwood, he at once told witness that she would die. Mr. Rowton removed the child at once, but deceased expired about half-past twelve o'clock the same night. During the time Mrs. Weobley was there, she made several attempts to relieve the deceased; and at about twelve o'clock in the day said she would fetch a powder, which would relieve the pains. She returned with what she had fetched, and boiled it in a sauce-pan, and then took it to deceased in a cup.

W. E. Johnson, Esq., surgeon, said he made a post-mortem examination of the deceased on Friday. There were no external marks of violence. There was great effusion of blood in the cellular tissues of the left side, and a quantity in the cavity of the abdomen. The uterus had been ruptured, which was the cause of death. He had heard the previous evidence, and had seen the powder produced. It was never used by medical men in unnatural presentations.

The jury, after retiring a short time, returned a verdict of manslaughter against Rosanna Weobley, and the coroner at once committed her to take her trial at the next Stafford assizes. The prisoner showed the greatest apathy, and said "they could do what they liked with her."—*Dublin Medical Press.*

Intra-Uterine Emphysema of the Lungs.—Prof. Hecker relates (*Virchow's Archiv.*, 1859), the following very important case in reference to the medico-legal questions of live or still births. During his residence at Marburg he observed the following circumstances: a primipara, aged twenty-two, was in labor at 3 A. M. of the 7th

of March, having suffered light contractions for days previously. The conjugate diameter was defective by an inch. The liquor amni escaped at 11 A. M., the os uteri being now partially open. The pains were very inadequate, and at this time the fetal heart, which had been hitherto plainly audible in the left side of the uterus, could no longer be heard. This was the state of things at 4 A. M. of the 8th, when the labor began to proceed rapidly, the child being born without assistance at five o'clock. It was born showing no trace of motion of the head, or of breathing-movement; no efforts at resuscitation availed, it was quite dead. The body was examined six hours afterward. It weighed seven pounds. There was no trace of putrefaction. The lungs were of a large circumference, filling the chest, partly covering the pericardium; they were brighter than usual, gray-red, and felt spongy. They floated freely in water; they were extensively emphysematous.—*Brit. and For. Medico-Chir. Rev.*, July, 1860.

Port Physician—Dr. Trenchard, of this city, has been appointed Port Physician.

Answers to Correspondents.

Dr. J. F. Kennedy, Iowa.—The New Sydenham Society's publications are all in the English language, being translations of foreign works.

Dr. Richard J. Dunglison is the honorary local secretary in this city, and applications may be made to him. The subscription per annum is a guinea, or five dollars and twenty five cents, to which about a dollar will be added for duty, etc.

COMMUNICATIONS RECEIVED.

Delaware—Dr. C. Rogers. *Illinois*—Dr. C. H. Mills, (with encl. for Dr. Goodwin and Dr. J. R. Kay), Dr. E. M. Winters, Dr. A. D. Wilson, (with encl.) *Indiana*—Dr. C. West, (with encl.) *Iowa*—Dr. J. F. Kennedy, (with encl.) Dr. J. Harvey, (with encl.) *Kentucky*—Dr. T. M. Swartz, (with encl.) Dr. F. F. May, (with encl.) Dr. J. W. Fox, (with encl.) Dr. W. H. Hunt, (with encl.) *Massachusetts*—Dr. A. Chapin, Dr. C. E. Buckingham. *New Jersey*—Dr. G. F. Fort, Dr. S. Wickes, Dr. E. J. Blackwell, (with encl.) *New York*—Dr. Willard, Dr. W. A. Culbert, (with encl.) Mr. T. G. White, Dr. J. A. Monell, (with encl.) Dr. L. P. Angle, (with encl.) Dr. P. Moulton, (with encl.) Dr. T. F. Caldwell, (with encl.) Dr. J. E. Ellis, (with encl.) Dr. C. H. Sherwood, (with encl.) Dr. H. Sanders, (with encl.) Dr. G. J. McKay, (with encl.) Dr. A. Naudain, (with encl.) Dr. E. D. King, (with encl.) Dr. W. Swift, (with encl.) Dr. J. A. Brady. *Ohio*—Dr. MacNicholl, (4), Dr. P. W. Chase, Dr. C. M. Kramer, (with encl.) Dr. Tomlinson, (with encl.) Dr. Goddard, (with encl.) Dr. Thomson, (with encl.) Dr. W. T. Brown, Drs. R. and J. Thompson, Dr. S. P. Hunt, (with encl.) Dr. J. T. Cowden, (with encl.) Dr. E. S. Boyd, (with encl.) Dr. A. J. Martin, (with encl.) Dr. A. Jones, (with encl.) *Pennsylvania*—Dr. A. J. Martin, Dr. M. H. Clark, (with encl.) Dr. J. L. Atlee, Jr., Dr. J. Levergood, Dr. W. M. Barrow, Dr. H. Riegel, Dr. G. W. Smith, Dr. W. C. Roney, Dr. N. S. Marshall, (with encl.) *Tennessee*—Dr. J. S. Fort, (with encl.) *Washington, D. C.*—Dr. J. M. Toner, Dr. R. K. Stone.

Office Payments.—Dr. A. B. Longshore, (Pa.) Dr. Norman, (adv.) J. T. Atkinson, Dr. J. Montgomery, (Pa.) By Mr. Swaine: Drs. Flynn, A. E. Campbell, C. B. Roberts, Byington, and D. W. Kolbe, (adv.)